

**McLAREN FLINT DEPT 6179 OUTPATIENT – CARDIAC REHAB CHARGE SHEET PHASE IV**



Patient: \_\_\_\_\_ Doctor: \_\_\_\_\_  
 Acct#: \_\_\_\_\_ Insurance: \_\_\_\_\_ / Expiration Date: \_\_\_\_\_  
 Medical Record #: \_\_\_\_\_

**PHASE IV**      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Billing Code 41400011 Monthly**      **CPT Code 93797**      **Evaluation Charge 41400005**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**PHASE IV**      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Billing Code 41400011 Monthly**      **CPT Code 93797**      **Evaluation Charge 41400005**

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