

CARDIAC REHAB CHARGE SHEET DEPT 6179 OUTPATIENT

Patient: _____ Doctor: _____
 Account #: _____ Insurance: _____
 Medical Record #: _____

PHASE II														
Bill Code	Description	CPT Code	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
3403086	Cardiac Rehab Evaluation	92211												
3400637	Exercise with EKG	93798												
3400280	No Charge Visit													
3403086	Cardiac Rehab Evaluation	92211												
3400637	Exercise with EKG	93798												
3400280	No Charge Visit													
3403086	Cardiac Rehab Evaluation	92211												
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