

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

Patient: \_\_\_\_\_ Doctor: \_\_\_\_\_  
 Acct#: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Medical Record # \_\_\_\_\_



PHASE III		CPT	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Bill Code	Description	Code																				
41400005	Cardiac Rehab Eval	99211																				
41400010	Exercise without EKG	93797																				

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