

McLAREN FLINT DEPT 35700 OUTPATIENT – CARDIAC REHAB CHARGE SHEET PHASE II

Patient: _____

Acct#: _____

Medical Record # _____

Insurance: _____

Coverage Info: _____

Expiration Date: _____

Visits: _____



PHASE II		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																				
41400002	Exercise with EKG	93798																				

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