

HB CHARGE SLIP

Dept.: _____ Cost Center: _____

Patient Name: _____ MRN: _____

HAR: _____ DOS: _____

Provider: _____ Diagnosis: _____

Total: _____

Charge Code: _____ Price: _____ Units: _____ Description: _____

Charge Code: _____ Price: _____ Units: _____ Description: _____

Charge Code: _____ Price: _____ Units: _____ Description: _____

Charge Code: _____ Price: _____ Units: _____ Description: _____

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Charge Code: _____ Price: _____ Units: _____ Description: _____

Charge Code: _____ Price: _____ Units: _____ Description: _____

Charge Code: _____ Price: _____ Units: _____ Description: _____

Initials: _____ DATE _____