

Dr. Taurean Smith, DMD

STATEMENT OF ANESTHESIA SERVICES

PHONE: (801) 310-8244

NPI# 1902297138

Tax ID# 83-4040548

NOTE TO INSURANCE CARRIERS:
Patient has paid this office in full for
anesthesia services.
(unless otherwise noted)
PLEASE REIMBURSE PATIENT



Mountain Dental Anesthesia

PATIENT _____ DOB _____ DATE OF SERVICE _____

LOCATION OF ANESTHESIA SERVICES _____ DENTIST/SURGEON _____ SPECIALTY _____

PATIENT DIAGNOSIS

- E11.9 Diabetes, Type II, w/o comp
F40.9 Phobic anxiety disorder
F41.9 Anxiety disorder
F79 Intellectual Disability
F84.0 Autistic Disorder
F90.1 ADHD
F93.8 Anxiety/fearful child
G40.909 Epilepsy
G80.9 Cerebral Palsy
I11.9 Hypertensive Heart Disease
I25.2 Post Myocardial Infarction
J45.909 Asthma
R01.0 Benign and innocent cardiac murmur
Other:

DENTAL DIAGNOSIS

- K00.1 Supernumerary tooth
K00.6 Disturbance in eruption
K01.1 Impacted teeth
K02.9 Dental caries, unspecified
K03.5 Ankylosis of teeth
K04.01 Reversible Pulpitis
K04.02 Irreversible Pulpitis
K04.1 Necrosis of pulp
K04.7 Periapical abscess without sinus
K04.4 Acute apical periodontitis
K05.30 Chronic periodontitis
Other:

NOTES:

DOCTOR'S SIGNATURE _____

Table with 4 columns: CPT, ADA, PROCEDURE, FEE. Lists various anesthesia services and their associated fees, such as Local anesthesia, Regional block, and General Anesthesia.

TIME:

Anesthesia Time _____ Hours _____ Minutes

ASA Classification _____ ASA units _____ TOTAL FEE _____

There is a \$950 minimum fee for every pediatric case which is 2 hours or less and a \$750 minimum fee for every adult case which is 1 hour or less.

MEDICAID ID# _____