

Dr. Russell Yancey, DDS

STATEMENT OF ANESTHESIA SERVICES

PHONE: (317) 459-0738

NPI# 1255622635

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 Sample Bill for a 2 hour case 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
[X] 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
[X] K02.9 Dental caries, unspecified
K03.5 Ankylosis of teeth
K04.0 Pulpitis
K04.4 Acute apical periodontitis
K05.30 Chronic periodontitis
Other:

NOTES:

Blank lines for patient notes

DOCTOR'S SIGNATURE

Table with columns: CPT, ADA, PROCEDURE, FEE. Includes codes 00170, D9219, D9222, D9223, D9230, D9239, D9243, D9248, D9310, D9610, D9612.

TIME:

Anesthesia Time 2 Hours Minutes

ASA Classification ASA units TOTAL FEE \$1,400

There is a \$950 minimum fee for every pediatric case which is 2 hours or less and a \$600 minimum fee for every adult case which is 1 hour or less.

MEDICAID ID#