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
- ☒ 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
- ☐ K04.0 Pulpitis
- ☐ K04.4 Acute apical periodontitis
- ☐ K05.30 Chronic periodontitis
- ☐ _____ Other:_____

NOTES:

DOCTOR'S SIGNATURE

CPT	ADA	PROCEDURE	FEE
	D9210	Local anesthesia not in conjunction w/ operative or surgical procedures	
	D9211	Regional block anesthesia	
	D9212	Trigeminal division block anesthesia	
	D9215	Local anesthesia in conjunction w/ operative or surgical procedures	
	D9219	Preoperative Evaluation	**$150**
	D9222	General Anesthesia – first 15 min	**$150**
00170	D9223	General Anesthesia (ea. additional 15 min) **7** x $150 =	**$1,050**
	D9230	Analgesia, anxiolysis, inhalation nitrous oxide	
	D9239	Intravenous moderate (conscious) sedation/anesthesia first 15 minutes	
00170	D9243	Moderate Sedation (ea. additional 15 min)____ x $150 =	
	D9248	Non-intravenous conscious sedation	
	D9310	Consultation	
	D9610	Therapeutic parenteral drug, single admin.	
	D9612	Therapeutic parenteral drugs, two or more	**$50**

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 minimun fee** for every adult case which is 1 hour or less.

MEDICAID ID#_____

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