

Dr. Russell Yancey, DDS

STATEMENT OF ANESTHESIA SERVICES

PHONE: (317) 459-0738

NPI# 1922642743

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
K04.0 Pulpitis
K04.4 Acute apical periodontitis
K05.30 Chronic periodontitis
Other:

NOTES:

DOCTOR'S SIGNATURE _____

Table with 5 columns: CPT, ADA, PROCEDURE, FEE. Lists various anesthesia services and their associated fees, such as Local anesthesia not in conjunction w/ operative or surgical procedures 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 \$600 minimum fee for every adult case which is 1 hour or less.

MEDICAID ID# _____