

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 pediatric 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	<u>\$150</u>
	D9222	General Anesthesia – first 15 min	<u>\$150</u>
00170	D9223	General Anesthesia (ea. additional 15 min) <u>7</u> x \$150 =	<u>\$1,050</u>
	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	<u>\$50</u>

TIME:

Anesthesia Time 2 Hours \_\_\_\_\_ Minutes

ASA Classification \_\_\_\_\_ ASA units \_\_\_\_\_ TOTAL FEE \$950 Max of \$950

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# \_\_\_\_\_