

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

- Diabetes, Type II, w/o comp
Phobic anxiety disorder
[X] Anxiety disorder
Intellectual Disability
Autistic Disorder
ADHD
Anxiety/fearful child
Epilepsy
Cerebral Palsy
Hypertensive Heart Disease
Post Myocardial Infarction
Asthma
Benign and innocent cardiac murmur
Other:

DENTAL DIAGNOSIS

- Supernumerary tooth
Disturbance in eruption
Impacted teeth
[X] Dental caries, unspecified
Ankylosis of teeth
Pulpitis
Acute apical periodontitis
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 \$1,350

There is a \$1000 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#