Dr. Taurean Smith, DMD

# STATEMENT OF ANESTHESIA SERVICES

PHONE: (720) 838-6660
NPI# 1497541437
Tax ID# 92-2599169

NOTE TO INSURANCE CARRIERS:
Patient has paid this office in full for anesthesia services.
(unless otherwise noted)
PLEASE REIMBURSE PATIENT

ALPINE DENTAL ANESTHESIA

PATIENT_____DOB_____DATE OF SERVICE_____

LOCATION OF ANESTHESIA SERVICES_____DENTIST/SURGEON_____SPECIALTY_____

| PATIENT DIAGNOSIS | | DENTAL DIAGNOSIS | |
|---|---|---|---|
| ☐ E11.9 | Diabetes, Type II, w/o comp | ☐ K00.1 | Supernumerary tooth |
| ☐ F40.9 | Phobic anxiety disorder | ☐ K00.6 | Disturbance in eruption |
| ☐ F41.9 | Anxiety disorder | ☐ K01.1 | Impacted teeth |
| ☐ F79 | Intellectual Disability | ☑ K02.9 | Dental caries, unspecified |
| ☐ F84.0 | Autistic Disorder | ☐ K03.5 | Ankylosis of teeth |
| ☐ F90.1 | ADHD | ☐ K04.01 | Reversible Pulpitis |
| ☑ F93.8 | Anxiety/fearful child | ☐ K04.02 | Irreversible Pulpitis |
| ☐ G40.909 | Epilepsy | ☐ K04.1 | Necrosis of pulp |
| ☐ G80.9 | Cerebral Palsy | ☐ K04.7 | Periapical abscess without sinus |
| ☐ I11.9 | Hypertensive Heart Disease | ☐ K04.4 | Acute apical periodontitis |
| ☐ I25.2 | Post Myocardial Infarction | ☐ K05.30 | Chronic periodontitis |
| ☐ J45.909 | Asthma | ☐ _____ | Other:_____ |
| ☐ R01.0 | Benign and innocent cardiac murmur | | |
| ☐ _____ | Other:_____ | | |

NOTES:

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DOCTOR'S SIGNATURE Taurean Smith DMD

| 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) 4 x $ 150 = | $ 600 |
| | 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 = | $ 0 |
| | D9248 | Non-intravenous conscious sedation | |
| | D9310 | Consultation | $ 0 |
| | D9610 | Therapeutic parenteral drug, single admin. | |
| | D9612 | Therapeutic parenteral drugs, two or more | $ 50 |

TIME:

Anesthesia Time 1 Hours 5 Minutes

ASA Classification 1 ASA units 5 TOTAL FEE $ 950

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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