

STATEMENT OF ANASTHESIA SERVICES

Tax ID Number: #26-3225059
 State License: # 57065
 GA Permit: # 1460
 Date of Service _____

Salman Hussain, D.M.D., INC
 Phone: (310) 765-4066 Fax: (310) 765-4067
 2390 Crenshaw Blvd. #528
 Torrance, CA 90501

NOTE TO INSURANCE CARRIERS:
 Patient has paid this office in full for anesthesia services.
PLEASE REIMBURSE PATIENT

PATIENT _____ DOB _____ PLACE OF SERVICE
 Operating Surgeons Office _____
 INSURED _____ SSN _____ Outpatient Surgery Facility _____
 Hospital _____

| CPT | ADA | PROCEDURE | FEE | SURGICAL PROCEDURES | PERIODONTAL |
|-------|-------|--|-------|---|---|
| | D9215 | Local Anesthesia | _____ | <input type="checkbox"/> General Dentistry | <input type="checkbox"/> Periodontal Surgery |
| 00170 | D9220 | General Anesthesia (1 st 30 min) | _____ | <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Dental Implant Surgery |
| 00170 | D9221 | General Anesthesia (ea. 15 min) _____ x S _____ | _____ | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Other _____ |
| | D9230 | Analgesia, anxiolysis, nitrous oxide | _____ | Endodontic Surgery | |
| 00170 | D9241 | IV sedation/analgesia (1 st 30 min) | _____ | PATIENT DIAGNOSIS | |
| 00170 | D9242 | IV sedation/analgesia (ea. 15 min) _____ x S _____ | _____ | <input type="checkbox"/> 250 Diabetes Mellitus | |
| | D9310 | Consultation | _____ | <input type="checkbox"/> 299.0 Infantile Autism | |

Anesthesia Time _____ Hours _____ Minutes

ASA Classification _____ ASA units _____ **TOTAL FEE** _____

PAID IN FULL: CASH CHECK # _____ Mastercard / Visa

RELEASE: I hereby authorize Salman Hussain, DMD to release any information Required by my insurance carrier.

Signature _____ Date _____

Notes: _____

Doctors Signature _____ Date _____

- 300.0 Anxiety state, unspecified
- 300.2 Phobia, unspecified
- 308 Acute Reaction to Stress
- 319 Mental Retardation, unspecified
- 345.9 Seizure Disorder
- 350 Trigeminal Nerve Disorder
- 402 Hypertensive Heart Disease
- 412 Post Myocardial Infarction
- 414.0 Coronary Atherosclerosis
- 491 Chronic Bronchitis
- 492 Emphysema
- 493 Asthma
- 785.2 Functional/Undiagnosed Heart Murmur
- Other _____

- DENTAL DIAGNOSIS**
- Abscess
 - Caries
 - Periodontal Disease
 - Multiple Restorations