

NPI # # 1861560252  
Tax ID Number # 85-0433660  
State License # 38705  
Anesthesia Permit # 1308

ATTENDING ANESTHESIOLOGIST'S STATEMENT OF SERVICES

*Barry Krall, DDS*  
Anesthesia and Sedation for Dentistry  
2135 Harris Street  
Colton, CA 92324

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

office@bkanesthesia.com

(909) 835-7940

Fax: (909) 653-1469

PATIENT \_\_\_\_\_ DOB \_\_\_\_\_ DATE \_\_\_\_\_

Policy holder \_\_\_\_\_ Treating Dentist \_\_\_\_\_

CPT	ADA	PROCEDURE	FEE
	D9219	Preoperative evaluation	_____
00170	D9222	General anesthesia (1st 15 min)	_____
	D9223	General anesthesia (ea. 15 min) _____ x \$ _____ =	_____
00170	D9239	Moderate Sedation (1st 15 min)	_____
	D9243	Moderate Sedation (ea. 15 min) _____ x \$ _____ =	_____
	D9310	Consultation	_____
	D9610	Therapeutic parenteral drug, single administration	_____
	D9612	Therapeutic parenteral drugs, two or more	_____

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

ASA Classification \_\_\_\_\_ ASA units \_\_\_\_\_ TOTAL FEE \_\_\_\_\_

PAID IN FULL: Cash Check # \_\_\_\_\_ Care Credit MC/Visa/AXP/Discover  
Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature \_\_\_\_\_

SURGICAL PROCEDURES (Provided by operating surgeon)

- |  |  |
|--|--|
| <input type="checkbox"/> General Dentistry | <input type="checkbox"/> Pediatric Dentistry |
| <input type="checkbox"/> Periodontics      | <input type="checkbox"/> Endodontics         |
| <input type="checkbox"/> Oral Surgery      | <input type="checkbox"/> Other _____         |

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/fearfulness 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

RELEASE: I hereby authorize the doctor to release any information  
required by my insurance carrier.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

White - Control Copy

Yellow - Patient Copy