

ATTENDING ANESTHESIOLOGIST'S STATEMENT OF SERVICES

Jinsoo Kim, DDS

State License: 28856

NPI: 1316019995

Date of Service _____

NOTE TO INSURANCE CARRIERS:

The anesthesiologist provided no surgical services. Please contact the surgeon for information regarding the surgical statement. The insured has paid this office in full for anesthesia services. Please reimburse the insured.

PATIENT: _____ **DOB:** _____

SURGEON: _____

ADDRESS: _____

ANESTHESIA TIME: _____

ASA UNITS: _____ **ASA CLASSIFICATION:** _____

DIAGNOSIS

- | | | |
|---------------------------------|-----------------------------------|----------------------------------|
| __300.0 Anxiety state | __428.0 Congestive heart failure | __521.0 Dental caries |
| __319.0 Mental retardation | __395.9 Disease of aortic valve | __522.0 Pulpitis |
| __299.00 Autism | __394.9 Disease of mitral valve | __522.5 Abscess |
| __345.90 Seizure disorder | __401.9 Essential hypertension | __520.6 Disturbances in eruption |
| __493.9 Asthma | __785.2 Functional murmur | __278.0 Obesity |
| __250.00 Diabetes mellitus II | __332.0 Parkinson's disease | __530.81 Esophageal reflux |
| __250.01 Diabetes mellitus I | __398.9 Rheumatic heart disease | __295.9 Schizophrenia |
| __343.9 Cerebral palsy | __398.9 Senile dementia, delirium | __427.9 Cardiac dysrhythmia |
| __244.9 Acquired hypothyroidism | __331.0 Alzheimer's disease | |

CPT	ADA	PROCEDURE		FEE
00170	D9243	Intravenous conscious sedation (each 15 min)	_____ x \$100	_____
AMOUNT DUE				_____

PAID IN FULL:

Cash Credit Card Check #

Doctor's Signature: _____

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CPT	ADA	PROCEDURE	FEE
00170	D9223	Deep sedation/General anesthesia (each 15 min) _____ x \$150	_____
AMOUNT DUE			_____

PAID IN FULL:
Cash Credit Card Check #

Doctor's Signature: _____

Jinsoo Kim, DDS