



# SUPERBILL FOR N. BOLOORCHI

Tax Id # 27-2124390 State License # 57464 Anesthesia Permit # 1535  
1800 San Miguel Dr Walnut Creek, CA 94596  
Ph: 925 - 949 - 8427

## N. BOLOORCHI DDS INC

Date of Service

**NOTE TO INSURANCE CARRIERS:** The Insured has paid this office in full for anesthesia services.  
**PLEASE REIMBURSE THE INSURED.**

### STATEMENT OF ANESTHESIA SERVICES

PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLACE OF TREATMENT: \_\_\_\_\_

#### SURGICAL PROCEDURES:

- General Dentistry
- Pediatric Dentistry
- Periodontal Surgery.
- Oral Surgery
- Endodontic Surgery
- Dental Implant Surgery

#### PATIENT DIAGNOSIS:

- E03.2 Hypothyroidism, unspecified
- E10.9 Diabetes Mellitus I
- E11.9 Diabetes Mellitus II
- E66.9 Obesity, unspecified
- F32.9 Major Depressive disorder, single episode
- F44.5 Conversion disorder w/ seizures or convulsions
- R56.9 Unspecified Convulsions
- F06.4 Anxiety Disorder
- F84.0 Autistic Disorder
- F41.9 Anxiety state, unspecified
- F40.9 Phobia, anxiety disorder, unspecified
- F70 Mild intellectual disability
- F72 Severe intellectual disability
- F73 Profound intellectual disability
- F79 Intellectual disability, unspecified
- G40.901 Epilepsy, with status epilepticus
- G40.909 Epilepsy, without status epilepticus
- G80.0 Spastic Quadriplegia Cerebral Palsy
- G80.9 Other Cerebral Palsy
- I11.9 Hypertensive Heart Disease
- I10 Primary Hypertension
- J45.20 Mild Intermittent Asthma
- J40 Bronchitis, unspecified
- J41.0 Simple Chronic Bronchitis
- R01.1 Cardiac murmur, unspecified
- Q90.9 Downs Syndrome

#### DENTAL DIAGNOSIS

- K04.7 Abscess, dental
- K02.9 Caries, dental
- K02.63 Caries, dental with pulp exposure
- K05.6 Periodontal Disease
- K00.1 Supernumerary Teeth
- Q38.0 Labial Frenulum
- Q38.1 Ankyloglossia
- R63.3 Feeding Problem
- M26.81 Maxillary Lip Tie
- Z13.84 Diag Encounter for Screen. for Dental disorders (Exam)

#### CPT / ADA

#### PROCEDURE

#### FEE

00170/D9215	Local Anesthesia	_____
99202/D0140	Limited Oral Exam	_____
99202/D0150	Comprehensive Oral Exam	_____
00170/D9222	General Anesthesia (1 <sup>st</sup> 15min)	_____
00170/D9223	General Anesthesia (ea. 15 min)	_____
00170/D9243	IV Sedation/Analgesia	_____
00170/D9310	Consultation	_____
40806/D7961	(UA) Frenulectomy (upper lip)	_____
41010/D7962	(LA) Frenulectomy (tongue)	_____
00170/D9248	Oral Conscious Sedation	_____
00170/D9230	Nitrous Oxide	_____

Anesthesia Time: \_\_\_\_\_ ASA Class: \_\_\_\_\_

TOTAL ANESTHESIA FEE: \_\_\_\_\_

PAID IN FULL  CASH  CHARGE  CHECK

RELEASE: I hereby authorize Dr. Boloorchi to release any information required by my insurance carrier:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_