



INVOICE for GENERAL ANESTHESIA

Name: _____

Date of Birth: _____

Date of Service: _____

Amount: \$ _____ Paid in Full to Arizona Anesthesia for Dentistry, PLLC

Dental Office: _____

Dr. Khan
Board Certified Dental Anesthesiologist

15990 S. Rancho Sahuarita Blvd, Suite 110, Sahuarita, Arizona 85629

TIN: 81-0834201
NPI: 1578655916
Fax: (520) 300-7330

D9222 General Anesthesia, First 15 minutes Unit: _____ Fee: \$ _____

D9223 General Anesthesia, Each Additional 15 minutes Unit(s): _____ Fee: \$ _____

Total Fees: \$ _____

Method of Payment: _____

THANK YOU FOR YOUR BUSINESS