

Finally... an **affordable** option for those without dental insurance.



Save Up to 58% on Dental Care*

...for only \$59 per year!

NO
WAITING
PERIODS

NO
AGE LIMIT

NO
PAPERWORK
HASSLES

NO
DEDUCTIBLES

NO
ANNUAL
MAXIMUMS

NO
PRE-AUTHORIZATIONS
REQUIRED

NO
WONDERING
WHAT INSURANCE
WILL PAY TOWARDS
YOUR TREATMENT

NO
PRE-EXISTING
CONDITIONS EXCLUDED



www.YellowstoneFamilyDental.com | 406-245-7026

1045 N. 27th Street, Billings, Montana 59101

WORLD-CLASS DENTISTRY. SMALL-TOWN FEEL.

THE AFFORDABLE DENTAL DISCOUNT PLAN™

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
EXAMS & X-RAYS					
D0150	Two Office visits per year – one every six months	188	Included	188	100%
D0274	X-rays - 4 bite wings / first visit	74	Included	74	100%
D0330	X-rays - Panoramic / first visit	128	Included	128	100%
	TOTAL COST:	390	59	390	100%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
PREVENTATIVE CLEANINGS					
D1110	Teeth Cleaning Adult	95	81	14	15%
D1120	Teeth Cleaning / children to age 18	72	61	11	15%
D1208	Fluoride	45	19	26	58%
D1351	Sealants	58	38	20	34%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
TOOTH REMOVAL (ORAL SURGERY)					
D7140	Uncomplicated / single tooth	193	141	52	27%
D7210	Difficult – single tooth	296	222	74	25%
D7220	Impacted Tooth / soft tissue	317	254	63	20%
D7230	Impacted Tooth / partial bony	346	292	54	16%
D7240	Impacted Tooth / completely bony	397	338	59	15%
D7250	Removal of residual tooth root totally covered by bone	314	251	63	20%
D7510	Intra-Oral incision and drainage of abscess / soft tissue	231	204	27	12%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
ROOT CANAL TREATMENT					
D3310	Front Tooth / Anterior	923	689	234	25%
D3320	Middle Tooth / Bicuspid	954	716	238	25%
D3330	Back Tooth / Molar	1,197	898	299	25%
D2954	Post / a pin to help support the tooth after a root canal	334	243	91	27%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
FILLING					
D2330	Composite filling, one surface / front tooth	195	152	43	22%
D2331	Composite filling, two surfaces / front tooth	233	186	47	20%
D2332	Composite filling, three surfaces / front tooth	285	225	60	21%
D2335	Composite filling, 4+ surfaces / front tooth	349	272	77	22%
D2391	Composite filling, one surface / back tooth	199	157	42	21%
D2392	Composite filling, two surfaces / back tooth	264	209	55	21%
D2393	Composite filling, three surfaces / back tooth	324	256	68	21%
D2394	Composite filling, 4+ surfaces / back tooth	385	304	81	21%

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NIGHT GUARD (FOR TOOTH GRINDING)					
D9940	Night guard for grinding of teeth at night	619	397	222	36%

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SEDATION					
D9230	Nitrous oxide / laughing gas	FREE	FREE	FREE	FREE
D9243	IV Sedation / per 15 minutes	150	125	25	17%

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GUM DISEASE TREATMENT					
D4341	Gum Deep Cleaning / per quadrant	271	189	82	30%
D4355	Full Mouth Debridement	203	146	57	28%
D4910	Gum Disease cleaning & maintenance	143	111	32	22%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
CROWN (CAP)					
D2740	Crown, all porcelain/ceramic	1,285	887	398	31%
D2750	Crown, porcelain fused to high noble metal	1,201	897	304	25%
D2950	Crown build-up	300	228	72	24%
D2920	Crown recementation	108	89	19	18%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
BRIDGE (TAKES THE PLACE OF A MISSING TOOTH)					
D6211	Cast pontic, non-precious metal	1,022	767	255	25%
D6241	Porcelain, w/predominantly base metal crown pontic	1,055	791	264	25%
D6751	Porcelain/base metal abutment	1,044	783	261	25%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
DENTURE & PARTIAL					
D5110	Complete upper denture	1,982	1,605	377	19%
D5120	Complete lower denture	1,982	1,605	377	19%
D5130	Immediate upper denture	2,116	1,753	363	17%
D5140	Immediate lower denture	2,116	1,753	363	17%
D5213	Partial Denture / upper or lower	2,102	1,745	357	17%
D5820	Interim partial denture / upper	803	650	153	19%
D5821	Interim partial denture / lower	803	650	153	19%
D5410	Denture adjustment	90	75	15	17%
D5730	Denture office reline / chairside	407	326	81	20%
D5750	Denture reline / laboratory	557	446	111	20%
D5850	Special tissue conditioning, maximum 2 per denture	211	175	36	17%
D5510	Broken full denture no teeth involved	210	174	36	17%
D5520	Replace missing or broken teeth, each	184	152	32	17%

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IMPLANT					
D6010	Surgical placement of endosteal implant	2,063	1,754	309	15%
D6056	Prefabricated abutment	750	638	112	15%
D6057	Custom abutment	951	808	143	15%
D6058	Implant crown, porcelain/ceramic	1,375	1,169	206	15%
D6059	Abutment supported implant crown, porcelain/high noble metal	1,458	1,239	219	15%
D6066	Implant supported crown, porcelain/high noble metal	1,375	1,169	206	15%

Always Welcoming New Patients & Dental Emergencies

- Initial enrollment fee is non-refundable.
- All fees are due and payable at the time services are rendered.
- Your effective date is the day you pay your \$59 annual fee.
- This is a dental discount plan and is NOT dental insurance. It cannot be combined with any other dental insurance.
- Fees paid under this in-house dental discount plan are not membership fees and all fees paid are for provided services only.
- Services referred to a specialist (whether outside or within Yellowstone Family Dental) are excluded and treating dentist may refer at their discretion for any procedure.

- Discounts under this program shall not apply to any treatment started prior to enrollment or after membership expires, nor to any treatment paid in whole or part by insurance. No insurance benefits or other discount offers may be combined with this program.
- This plan does not cover expenses incurred for: treatment by other than a dentist or member of the staff of our office; treatment at any other location not owned by Yellowstone Family Dental, any treatment, which in the sole judgment of the aforementioned dentists and staff, lies outside of their scope of care; or hospitalization for any dental procedure.
- This offer cannot be combined with any other offers.

- Dental services only, products are not included.
- Should there be dental treatment needed following any type of injury where a lawsuit and therefore outside medical, care, disability or workman's comp type insurances are involved, this discounted plan cannot be used.
- This plan is non-transferable; family members cannot be substituted for another family member.
- Any procedures not listed on the attached schedule will be charged at customary fees.
- Services rendered outside of Yellowstone Family Dental are excluded.
- Rates and services rendered are subject to change annually.



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