

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](http://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
<b>EXAMS &amp; X-RAYS</b>					
D0150	One comprehensive exam per year	188	Included	<b>188</b>	<b>100%</b>
D0274	X-rays - 4 bite wings / first visit	74	Included	<b>74</b>	<b>100%</b>
D0330	X-rays - Panoramic / first visit	128	Included	<b>128</b>	<b>100%</b>
	<b>TOTAL COST:</b>	<b>390</b>	<b>59</b>	<b>331</b>	<b>85%</b>

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<b>PREVENTATIVE CLEANINGS</b>					
D1110	Teeth Cleaning Adult	95	81	<b>14</b>	<b>15%</b>
D1120	Teeth Cleaning / children to age 18	72	61	<b>11</b>	<b>15%</b>
D1208	Fluoride	45	19	<b>26</b>	<b>58%</b>
D1351	Sealants	58	38	<b>20</b>	<b>34%</b>

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

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<b>ROOT CANAL TREATMENT</b>					
D3310	Front Tooth / Anterior	923	689	<b>234</b>	<b>25%</b>
D3320	Middle Tooth / Bicuspid	954	716	<b>238</b>	<b>25%</b>
D3330	Back Tooth / Molar	1,197	898	<b>299</b>	<b>25%</b>
D2954	Post / a pin to help support the tooth after a root canal	334	243	<b>91</b>	<b>27%</b>

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

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

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

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

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<b>CROWN (CAP)</b>					
D2740	Crown, all porcelain/ceramic	1,285	887	<b>398</b>	<b>31%</b>
D2750	Crown, porcelain fused to high noble metal	1,201	897	<b>304</b>	<b>25%</b>
D2950	Crown build-up	300	228	<b>72</b>	<b>24%</b>
D2920	Crown recementation	108	89	<b>19</b>	<b>18%</b>

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<b>BRIDGE (TAKES THE PLACE OF A MISSING TOOTH)</b>					
D6211	Cast pontic, non-precious metal	1,022	767	<b>255</b>	<b>25%</b>
D6241	Porcelain, w/predominantly base metal crown pontic	1,055	791	<b>264</b>	<b>25%</b>
D6751	Porcelain/base metal abutment	1,044	783	<b>261</b>	<b>25%</b>

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

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

## 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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