

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



Save Up to 58% on Dental Care*

...for only \$19 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	YOU SAVE
EXAMS & X-RAYS				
D0150	Two Office visits per year – one every six months	174	Included	100%
D0274	X-rays – 4 bite wings – first and second visit	136	Included	100%
D0330	Panoramic – first visit	112	Included	100%
TOTAL COST:		422	19	100%

		REGULAR FEE	YOUR COST	YOU SAVE
PREVENTATIVE CLEANINGS & EXAMS				
D1110	Teeth Cleaning Adult	93	60	35%
D1120	Teeth Cleaning – children to age 18	67	45	33%
D1208	Fluoride	45	19	58%
D1351	Sealants	53	35	34%

		REGULAR FEE	YOUR COST	YOU SAVE
TOOTH REMOVAL (ORAL SURGERY)				
D7140	Uncomplicated – single tooth	168	122	27%
D7210	Difficult – single tooth	271	202	25%
D7220	Impacted Tooth – soft tissue	308	230	25%
D7230	Impacted Tooth – partial bony	336	265	21%
D7240	Impacted Tooth – completely bony	385	308	20%
D7250	Removal of residual tooth root totally covered by bone	305	230	25%
D7510	Intra-Oral incision and drainage of abscess (soft tissue)	224	187	17%

		REGULAR FEE	YOUR COST	YOU SAVE
SEDATION				
D9230	Nitrous oxide ("laughing gas")	FREE	FREE	FREE
D9243	IV Sedation - per 15 minutes	125	95	24%

		REGULAR FEE	YOUR COST	YOU SAVE
GUM DISEASE TREATMENT				
D4341	Gum Deep Cleaning (per quadrant)	263	160	39%
D4355	Full Mouth Debridement	187	135	28%
D4910	Gum Disease cleaning & maintenance	138	103	25%

		REGULAR FEE	YOUR COST	YOU SAVE
ROOT CANAL TREATMENT				
D3310	Front Tooth (Anterior)	923	689	25%
D3320	Middle Tooth (Bicuspid)	923	689	25%
D3330	Back Tooth (Molar)	1,060	799	25%
D2954	Post	334	243	27%

		REGULAR FEE	YOUR COST	YOU SAVE
NIGHT GUARD (FOR TOOTH GRINDING)				
D9940	Night guard for grinding of teeth at night	369	299	19%

		REGULAR FEE	YOUR COST	YOU SAVE
FILLING				
D2330	Composite filling, one surface	174	135	22%
D2331	Composite filling, two surfaces	212	169	20%
D2332	Composite filling, three surfaces	263	211	20%
D2335	Composite filling, 4+ surfaces	333	251	25%

		REGULAR FEE	YOUR COST	YOU SAVE
CROWN ("CAP")				
D2740	Crown, all porcelain/ceramic	1,223	887	27%
D2750	Crown, porcelain fused to high noble metal	1,223	887	27%
D2950	Crown build-up	274	207	24%
D2920	Crown recementation	105	89	15%

		REGULAR FEE	YOUR COST	YOU SAVE
BRIDGE (TAKES THE PLACE OF A MISSING TOOTH)				
D6211	Cast pontic, non-precious metal	992	747	25%
D6241	Porcelain, w/predominantly base metal crown pontic	994	747	25%
D6751	Porcelain/base metal abutment	985	743	25%

		REGULAR FEE	YOUR COST	YOU SAVE
DENTURE & PARTIAL				
D5110	Complete upper denture	1,903	1,539	19%
D5120	Complete lower denture	1,910	1,539	19%
D5130	Immediate upper denture	2,121	1,753	17%
D5140	Immediate lower denture	2,121	1,753	17%
D5213	Partial Denture - upper or lower	1,995	1,633	18%
D5820	Interim partial denture (upper)	685	553	19%
D5821	Interim partial denture (lower)	690	553	20%
D5410	Denture adjustment	87	71	18%
D5730	Denture office relining – chairside	374	298	20%
D5750	Denture relining (laboratory)	499	397	20%
D5850	Special tissue conditioning, maximum 2 per denture	205	171	17%
D5510	Broken full denture (no teeth involved)	204	170	17%
D5520	Replace missing or broken teeth, each	179	141	21%

		REGULAR FEE	YOUR COST	YOU SAVE
IMPLANT				
D6010	Surgical placement of endosteal implant	1,648	1,397	15%
D6056	Prefabricated abutment	589	498	15%
D6057	Custom abutment	749	635	15%
D6058	Implant crown, porcelain/ceramic	1,335	917	31%
D6059	Abutment supported implant crown, porcelain/high noble metal	1,335	917	31%
D6066	Implant supported crown, porcelain/high noble metal	1,335	917	31%

Always Welcoming New Patients & Dental Emergencies

TERMS & CONDITIONS

- 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 \$19 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 rendered outside of Yellowstone Family Dental are excluded.
- 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.
- Rates and services rendered are subject to change annually.
- 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.
- 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.
- This offer cannot be combined with any other offers.
- Dental services only, products are not included.
- There will be an additional \$50 fee charged for any missed appointments without 48-hour notice.

*Savings based on Yellowstone Family Dental usual & customary fees.