

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 Two Office visits per year one every six months	157	Included	157	100%
D0274 X-rays - 4 bite wings / first visit	76	Included	76	100%
D0330 X-rays - Panoramic / first visit	132	Included	132	100%
<b>TOTAL COST:</b>	<b>365</b>	<b>59</b>	<b>306</b>	<b>84%</b>

	REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
<b>PREVENTATIVE CLEANINGS</b>				
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	60	38	22	37%

	REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
<b>TOOTH REMOVAL (ORAL SURGERY)</b>				
D7140 Uncomplicated / single tooth	199	145	54	27%
D7220 Difficult / single tooth	305	229	76	25%
D7220 Impacted Tooth / soft tissue	327	262	65	20%
D7230 Impacted Tooth / partial bony	356	299	57	16%
D7240 Impacted Tooth / completely bony	409	348	61	15%
D7250 Removal of residual tooth root totally covered by bone	323	258	65	20%
D7510 Intra-Oral incision and drainage of abscess / soft tissue	238	209	29	12%

	REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
<b>ROOT CANAL TREATMENT</b>				
D3310 Front Tooth / Anterior	951	713	238	25%
D3320 Middle Tooth / Bicuspid	983	737	246	25%
D3330 Back Tooth / Molar	1,233	925	308	25%
D2954 Post / a pin to help support the tooth after a root canal	354	258	96	27%

	REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
<b>FILLING</b>				
D2330 Composite filling, one surface / front tooth	201	159	42	21%
D2331 Composite filling, two surfaces / front tooth	240	190	50	21%
D2332 Composite filling, three surfaces / front tooth	294	232	62	21%
D2335 Composite filling, 4+ surfaces / front tooth	359	284	75	21%
D2391 Composite filling, one surface / back tooth	205	162	43	21%
D2392 Composite filling, two surfaces / back tooth	272	215	57	21%
D2393 Composite filling, three surfaces / back tooth	334	264	70	21%
D2394 Composite filling, 4+ surfaces / back tooth	397	314	83	21%

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<b>NIGHT GUARD (FOR TOOTH GRINDING)</b>				
D9940 Night guard for grinding of teeth at night	595	397	198	33%

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<b>SEDATION</b>				
D9230 Nitrous oxide / laughing gas	FREE	FREE	FREE	FREE
D9243 IV Sedation / per 15 minutes	155	129	26	17%

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<b>GUM DISEASE TREATMENT</b>				
D4341 Gum Deep Cleaning / per quadrant	279	190	89	32%
D4355 Full Mouth Debridement	209	146	63	30%
D4910 Gum Disease cleaning & maintenance	147	115	32	22%

	REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
<b>CROWN (CAP)</b>				
D2740 Crown, all porcelain/ceramic	1,324	887	437	33%
D2750 Crown, porcelain fused to high noble metal	1,237	897	340	27%
D2950 Crown build-up	309	219	90	29%
D2920 Crown recementation	111	91	20	18%

	REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
<b>BRIDGE (TAKES THE PLACE OF A MISSING TOOTH)</b>				
D6211 Cast pontic, non-precious metal	1,053	790	263	25%
D6241 Porcelain, w/predominantly base metal crown pontic	1,055	791	264	25%
D6751 Porcelain/base metal abutment	1,075	806	269	25%

	REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
<b>DENTURE &amp; PARTIAL</b>				
D5110 Complete upper denture	2,041	1,694	347	17%
D5120 Complete lower denture	2,041	1,694	347	17%
D5130 Immediate upper denture	2,179	1,809	370	17%
D5140 Immediate lower denture	2,179	1,809	370	17%
D5213 Partial Denture / upper or lower	2,165	1,797	368	17%
D5920 Interim partial denture / upper	732	608	124	17%
D5921 Interim partial denture / lower	732	608	124	17%
D5410 Denture adjustment	93	77	16	17%
D5730 Denture office reline / chairside	419	348	71	17%
D5750 Denture reline / laboratory	574	476	98	17%
D5850 Special tissue conditioning, maximum 2 per denture	217	180	37	17%
D5510 Broken full denture no teeth involved	225	187	38	17%
D5520 Replace missing or broken teeth, each	190	158	32	17%

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<b>IMPLANT</b>				
D6010 Surgical placement of endosteal implant	2,125	1,806	319	15%
D6056 Prefabricated abutment	773	657	116	15%
D6057 Custom abutment	980	833	147	15%
D6058 Implant crown, porcelain/ceramic	1,697	1,442	255	15%
D6059 Abutment supported implant crown, porcelain/high noble metal	1,697	1,442	255	15%
D6066 Implant supported crown, porcelain/high noble metal	1,697	1,442	255	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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