

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



Save Up to 36% 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	201	Included	201	100%
D0274	X-rays - 4 bite wings / first visit	87	Included	87	100%
D0330	X-rays - Panoramic / first visit	151	Included	151	100%
	TOTAL COST:	439	59	380	87%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
PREVENTATIVE CLEANINGS					
D1110	Teeth Cleaning Adult	120	90	30	25%
D1120	Teeth Cleaning Child - to age 18	89	69	20	22%
D1206	Fluoride	54	34	20	37%
D1351	Sealants	83	49	34	41%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
TOOTH REMOVAL (ORAL SURGERY)					
D7140	Uncomplicated / single tooth	255	181	74	29%
D7210	Difficult / single tooth	450	360	90	20%
D7220	Impacted Tooth / soft tissue	422	337	85	20%
D7230	Impacted Tooth / partial bony	551	468	83	15%
D7240	Impacted Tooth / completely bony	1,468	560	908	62%
D7250	Removal of residual tooth root totally covered by bone	403	326	77	19%
D7510	Intra-Oral incision and drainage of abscess / soft tissue	430	289	141	33%

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ROOT CANAL TREATMENT					
D3310	Front Tooth / Anterior	1,039	831	208	20%
D3320	Middle Tooth / Bicuspid	1,390	1,098	292	21%
D3330	Back Tooth / Molar	1,354	1,070	284	21%
D2954	Post / a pin to help support the tooth after a root canal	433	316	117	27%

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FILLING					
D2330	Composite filling, one surface / front tooth	269	215	54	20%
D2331	Composite filling, two surfaces / front tooth	333	266	67	20%
D2332	Composite filling, three surfaces / front tooth	425	340	85	20%
D2335	Composite filling, 4+ surfaces / front tooth	611	489	122	20%
D2391	Composite filling, one surface / back tooth	313	250	63	20%
D2392	Composite filling, two surfaces / back tooth	379	303	76	20%
D2393	Composite filling, three surfaces / back tooth	443	354	89	20%
D2394	Composite filling, 4+ surfaces / back tooth	789	631	158	20%

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NIGHT GUARD (FOR TOOTH GRINDING)					
D9944	Night guard for grinding of teeth at night	735	478	257	35%

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SEDATION					
D9230	Nitrous oxide / laughing gas	FREE	FREE	FREE	FREE
D9243	IV Sedation / per 15 minutes	247	211	46	18%

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GUM DISEASE TREATMENT					
D4341	Gum Deep Cleaning / per quadrant	337	229	108	32%
D4355	Full Mouth Debridement	242	186	56	23%
D4910	Gum Disease cleaning & maintenance	267	141	126	47%

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CROWN (CAP)					
D2740	Crown, all porcelain/ceramic	1,479	970	509	34%
D2750	Crown, porcelain fused to high noble metal	1,465	1,026	439	30%
D2950	Crown build-up	362	270	92	25%
D2920	Crown recementation	155	133	22	14%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
BRIDGE (TAKES THE PLACE OF A MISSING TOOTH)					
D6211	Cast pontic, non-precious metal	1,331	1,051	280	21%
D6241	Porcelain, w/predominantly base metal crown pontic	1,346	1,063	283	21%
D6751	Porcelain/base metal abutment	1,353	1,069	284	21%

		REGULAR FEE	YOUR COST	\$\$\$ SAVED	YOU SAVE
DENTURE & PARTIAL					
D5110	Complete upper denture	2,314	1,921	393	17%
D5120	Complete lower denture	2,333	1,936	397	17%
D5130	Immediate upper denture	2,461	2,043	418	17%
D5140	Immediate lower denture	2,499	2,074	425	17%
D5213	Partial Denture / upper or lower	2,385	1,980	405	17%
D5820	Interim partial denture / upper	926	769	157	17%
D5821	Interim partial denture / lower	2,663	2,210	453	17%
D5410	Denture adjustment	273	227	46	17%
D5730	Denture office reline / chairside	556	461	95	17%
D5750	Denture reline / laboratory	1,033	857	176	17%
D5850	Special tissue conditioning, maximum 2 per denture	2,713	2,252	461	17%
D5611	Broken full denture no teeth involved	315	261	54	17%
D5520	Replace missing or broken teeth, each	333	276	57	17%

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IMPLANT					
D6010	Surgical placement of endosteal implant	2,405	2,044	361	15%
D6056	Prefabricated abutment	3,613	3,071	542	15%
D6057	Custom abutment	1,124	955	169	15%
D6058	Implant crown, porcelain/ceramic	1,853	1,575	278	15%
D6059	Abutment supported implant crown, porcelain/high noble metal	1,853	1,575	278	15%
D6066	Implant supported crown, porcelain/high noble metal	1,853	1,575	278	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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