

2111 E. Highland Avenue, Suite 250  
Phoenix, Arizona 85016  
(888) 422-4995 ♦ (602) 266-1995  
[www.tdadental.com](http://www.tdadental.com)



**Open Enrollment: October 19, 2009 through November 6, 2009**

**CHANGES will become effective January 1, 2010**

As with every open enrollment period you have the opportunity to begin or continue your dental coverage with TDA's Elite Choice Group Dental Plan. If you elect to take the TDA plan during open enrollment, please be aware that there is a late entrant penalty in place. In the first twelve months that a person is insured there is only coverage for exams, cleanings and fluoride application. The benefits are limited to procedures numbered 0120, 0130, 0140, 0150, 1110, 1120, 1201 and 1203.

**Rates effective January 1, 2010:**

Employee Only:	\$23.70
Employee + 1:	\$44.74
Employee + 2 or More:	\$74.78



## GROUP DENTAL ENROLLMENT FORM

<input type="checkbox"/> New Employee <input type="checkbox"/> Rehire	<input type="checkbox"/> Decline Coverage <input type="checkbox"/> Address/Name Change	<input type="checkbox"/> Add/Delete Dep. <input type="checkbox"/> Loss of Other Coverage	<input type="checkbox"/> Transfer from DHMO <input type="checkbox"/> Transfer from PPO	<input type="checkbox"/> Cancel Coverage <input type="checkbox"/> COBRA
Name of Employer: <span style="float: right;">North Dakota State University</span>			Group Number: <span style="float: right;">BTV-E44981</span>	

<input checked="" type="checkbox"/> <b>ELITE CHOICE DENTAL PROGRAM</b>
--

<b>Social Security Number:</b>	<b>Effective Date</b> Mo / Day / Year	<b>Date Employed Full Time</b> Month / Day / Year	<b>Hours Worked Per Week</b>
Last Name: _____ First Name: _____ MI: _____	Date of Birth Month / Day / Year		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address: Street: _____ Apartment # _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____		<b>Coverage Requested (rates are per month)</b> <input type="checkbox"/> Employee Only (\$23.70) <input type="checkbox"/> Employee + 1 Dependent (\$44.74) <input type="checkbox"/> Employee + 2 or More Dep. (\$74.78)	

Complete for Dependent Coverage:			
Spouse Name-Last:	First:	MI:	Date of Birth:
			/ /
C H I L D R E N	1.		/ /
	2.		/ /
	3.		/ /
	4.		/ /
	5.		/ /
	6.		/ /

I hereby authorize payroll deduction, if applicable, and agree that in order to be covered by TDAHPP; services must be obtained from or ordered by a TDAHPP plan provider, except for emergencies. I hereby apply for enrollment and agree to remain in the plan a minimum of one year, authorize the release of any information relating to dental care received under the plan, and to all terms and conditions set forth in the Group Agreement.

Employee Signature: _____	Date: _____
<b>Refusal of Group Dental Coverage:</b> I have been offered this insurance coverage and decline to purchase it at this time. I understand that in the event I desire such insurance at a later date, I will need to wait until Open Enrollment.	
Employee Signature: _____	Date: _____

Return to: Total Dental Administrators, Inc.  
 2111 E. Highland Avenue, Suite B-425  
 Phoenix, AZ 85016

## ELITE CHOICE GROUP DENTAL PLAN

**Welcome** to the **ELITE CHOICE GROUP DENTAL PLAN** available exclusively from Total Dental Administrators/Provident Dental.

The **ELITE CHOICE DENTAL PLAN** offers you the option of receiving your dental care from any dentist you choose (Out-Of-Network) or from any Participating Plan Dentist (In-Network); and you don't need to make that decision until you need dental care! However, should you elect to receive your dental care from an In-Network dentist, your out of pocket costs will be less.

The following is an outline of your dental coverage. For a complete listing of procedures please refer to the employee booklet/certificate you will receive after enrollment. Services not listed are available on a fee for service basis, no discount applies.

### Elite Plan Advantages

- No In-Network Deductibles
- \$1,500 Annual Maximum
- No In-Network Waiting Period  
(6 Month Waiting Period for Major Services Out-Of-Network)

#### Utilizing An In-Network Dentist


There are no deductibles for dental services provided by participating In-Network dentists. Co-pays in the column titled "In-Network" apply to services performed by participating In-Network dentists only. The member is responsible for the amount listed under the In-Network Patient Co-pay.

#### Utilizing An Out-Of-Network Dentist

There are no deductibles for Diagnostic or Preventive (Class I) services. A \$50.00 per person and \$150.00 per family annual deductible will be applied to all dental services not listed in the Diagnostic and Preventive (Class I) categories. Members must meet a 6-month waiting period for all Major (Class III) services. The fees listed in the column titled "Out-Of-Network" are what the plan covers toward those services. The member is responsible for the difference between the amount paid by the plan, and the amount your dentist charges. The member is therefore responsible for any balanced-billed amount.

Code	Description	In-Network Patient Co-pay	Out-of-Network Plan Pays to Dentist, Patient responsible for difference
<b>CLASS I DIAGNOSTIC</b>			
D0999	Office Visit	No Charge	\$0.00
D0120	Periodic Oral Evaluation	No Charge	\$30.00
D0140	Limited Oral Evaluation	No Charge	\$30.00
D0150	Comprehensive Oral Evaluation	No Charge	\$40.00
D0180	Comprehensive Perio Oral Eval	No Charge	\$40.00
D0210	Intraoral-Complete Incl Bitewings	No Charge	\$78.00
D0220	Intraoral - Periapical First Film	No Charge	\$17.00
D0230	Intraoral-Periapical- Ea Addl Film	No Charge	\$13.00
D0272	Bitewings- 2 Films	No Charge	\$35.00
D0274	Bitewings- 4 Films	No Charge	\$44.00
D0277	Vertical Bitewings- 7-8 Films	No Charge	\$60.00
D0330	Panoramic Film	No Charge	\$72.00
<b>CLASS I PREVENTIVE</b>			
D1110	Prophylaxis-Adult	\$15.00	\$39.00
D1120	Prophylaxis-Child	\$10.00	\$26.00
D1201	Top Appl of Fluoride Incl/PXS Child	No Charge	\$55.00
D1203	Top Appl of Fluoride PXS Excl-Child	No Charge	\$20.00
D1351	Sealant- per tooth	\$15.00	\$10.00
D1510	Space maintainer-fixed-unilateral	No Charge	\$196.00
D1515	Space maintainer - fixed bilateral	No Charge	\$266.00
D1520	Space maintainer-removable- unilateral	No Charge	\$183.00
D1525	Space maintainer- removel bilat	No Charge	\$315.00
<b>CLASS II RESTORATIVE</b>			
D2140	Amalgam-1 surface	\$35.00	\$37.00
D2150	Amalgam- 2 surfaces	\$35.00	\$56.00
D2160	Amalgam-3 surfaces	\$35.00	\$75.00
D2161	Amalgam-4 or more surfs	\$40.00	\$91.00
D2330	Resin-1 surface, anterior	\$40.00	\$47.00
D2331	Resin-2 surfaces, anterior	\$40.00	\$66.00
D2332	Resin-3 surfaces, anterior	\$50.00	\$81.00
D2335	Res-4 or more surf-invl inc angle ant.	\$50.00	\$114.00
D2390	Resin-based composite crown, anterior	\$50.00	\$67.00
D2391	Resin-based composite - 1 surf, post	\$50.00	\$43.00
D2392	Resin-based composite - 2 surf, post	\$50.00	\$78.00
D2393	Resin-based composite-3 surf post	\$70.00	\$96.00
D2394	Resin-based composite-4 or more surf, post	\$70.00	\$114.00
<b>CLASS III RESTORATIVE</b>			
D2510	Inlay-metallic-1 surface	\$299.00	\$87.00
D2520	Inlay metallic -2 surfaces	\$342.00	\$102.00
D2530	Inlay-metallic 3 or more surf	\$375.00	\$104.00
D2740	Crown-porcelain ceramic substrate	\$495.00	\$205.00
D2750	Crown-porcelain-high noble metal	\$495.00	\$180.00
D2751	Crown-porcelain-predom base metallic	\$460.00	\$155.00
D2752	Crown-porcelain fused-noble metal	\$480.00	\$165.00
D2790	Crown-full cast high noble metal	\$470.00	\$205.00
D2930	Crown - Prefabricated Stainless Steel - Primary tooth	\$115.00	\$45.00
D2932	Prefabricated resin crown	\$140.00	\$135.00
D2950	Core build-up, including any pins	\$95.00	\$30.00

Code	Description	In-Network Patient Copay	Out-of-Network Plan Pays to Dentist, Patient responsible for difference
<b>CLASS III RESTORATIVE CONTINUED</b>			
D2951	Pin ret/tooth, in add-restoration	\$25.00	\$5.00
D2952	Cast post and core in add to crown	\$155.00	\$45.00
D2954	Prefab post/core inadd to crown	\$125.00	\$35.00
D2980	Crown repair, by report	\$65.00	\$31.00
<b>CLASS III ENDODONTICS</b>			
D3110	Pulp cap-direct (exc final rest)	\$30.00	\$10.00
D3120	Pulp cap-indir (exc final rest)	\$23.00	\$9.00
D3220	Thera pulpotomy (exc final rest)	\$75.00	\$21.00
D3310	Root canal-anterior (excl finl rest)	\$295.00	\$105.00
D3320	Root can-bicuspid (excl finl rest)	\$350.00	\$130.00
D3330	Root canal-molar (excl final rest)	\$450.00	\$130.00
D3346	Retreat Prev Root Canal - Anterior	\$340.00	\$90.00
D3347	Retreat Prev Root Canal - Bicuspid	\$390.00	\$110.00
D3348	Retreat Prev Root Canal - Molar	\$510.00	\$135.00
D3351	Apexification/Recal - Initial Visit	\$120.00	\$40.00
D3352	Apex/Recal - Interim Medication Replc.	\$75.00	\$25.00
D3353	Apexification/Recal - Final Visit	\$260.00	\$105.00
D3410	Apicoectomy/periradicular surg-antr	\$280.00	\$72.00
D3421	Apicoectomy/Periradicular surg-Bicuspid-1st Rt	\$290.00	\$49.00
D3425	Apicoectomy/Periradicular surg-Molar 1st Rt	\$400.00	\$106.00
D3426	Apicoectomy/Periradicular surg-Each Add'l. Rt	\$120.00	\$32.00
D3430	Retrograde filling-per root	\$95.00	\$26.00
D3450	Root amputatuion-per root	\$185.00	\$43.00
D3920	Hemisection/root removal excl endo	\$155.00	\$47.00
<b>CLASS III PERIODONTICS</b>			
D4210	Gingivectomy or gingivoplasty-quad 4 or more teeth	\$150.00	\$60.00
D4211	Gingivectomy or gingivoplas-y-tooth 1 to 3 teeth	\$80.00	\$23.00
D4240	Ging flap proc inc root plng/quad 4 or more teeth	\$200.00	\$53.00
D4241	Ging flap proc inc root plng/tooth 1 to 3 teeth	\$80.00	\$21.00
D4341	Perio scaling & root plng-quad 4 or more teeth	\$110.00	\$45.00
D4342	Perio scaling & root plng-tooth 1 to 3 teeth	\$50.00	\$0.00
D4355	Full mouth debride-enable eval & dx	\$65.00	\$15.00
D4910	Perio maint proc following act ther	\$50.00	\$10.00
<b>CLASS III REMOVABLE PROSTHODONTICS</b>			
D5110	Complete denture maxillary	\$695.00	\$325.00
D5120	Complete denture-mandibular	\$695.00	\$325.00
D5130	Immediate denture-maxillary	\$750.00	\$370.00
D5140	Immediate denture-mandibular	\$750.00	\$370.00
D5211	Maxillary part denture-resin base	\$560.00	\$160.00
D5212	Mandibular part denture-resin base	\$560.00	\$160.00
D5510	Repair broken comp denture base	\$65.00	\$20.00
D5520	Replace miss/brkn teeth-comp dent	\$60.00	\$15.00
D5610	Repair resin denture base	\$55.00	\$11.00
D5620	Repair cast framework, pd	\$90.00	\$60.00

Code	Description	In-Network Patient Copay	Out-of-Network Plan Pays to Dentist, Patient responsible for difference
<b>CLASS III REMOVABLE PROSTHODONTICS CONTINUED</b>			
D5630	Repair or repl brkn clasp, pd	\$100.00	\$50.00
D5640	Replace brkn teeth/ tooth, pd	\$60.00	\$15.00
D5650	Add tooth to existing pd	\$90.00	\$35.00
D5660	Add clasp to existing pd	\$95.00	\$30.00
D5850	Tissue conditioning, maxillary	\$60.00	\$15.00
D5851	Tissue conditioning, mandibular	\$60.00	\$15.00
D6210	Pontic-cast high noble metal	\$460.00	\$215.00
<b>CLASS III ORAL SURGERY</b>			
D7111	Extraction, coronal remnants-deciduous tooth	\$35.00	\$10.00
D7140	Extraction, erupted tooth or exposed root	\$50.00	\$30.00
D7210	Surg rem erup tooth req flap/bone	\$110.00	\$45.00
D7220	Remov of impacted tooth-soft tis	\$120.00	\$45.00
D7230	Remov of impacted tooth-par bony	\$165.00	\$65.00
D7240	Remov of impacted tooth-comp bony	\$195.00	\$80.00
D7241	Remov of impacted tooth-comp bony, complicated	\$195.00	\$80.00
D7250	Surg rem of residual tooth roots	\$110.00	\$65.00
D7270	Reimplant or stab accid evul tooth	\$110.00	\$30.00
D7510	I&d abscess intraoral-soft tissue	\$50.00	\$15.00
D7960	Frenulectomy-frenectomy/frenotomy	\$154.00	\$65.00
D7971	Excision of pericoronal gingiva	\$55.00	\$11.00
<b>OTHER SERVICES</b>			
D9110	Palliative (er) tx-dent pain-minor	\$35.00	\$25.00
D9220	Deep Sedation/General Anesthesia – first 30 minutes	\$150.00	\$36.00
D9221	Deep Sedation/General Anesthesia - each Add'l 15 minutes	\$45.00	\$7.00
D9241	IV Conscious Sedation, first 30 minutes	\$150.00	\$36.00
D9242	IV Conscious Sedation, each additional 15 minutes	\$45.00	\$7.00
<ul style="list-style-type: none"> <li>Class III Services are subject to a 6-month waiting period when provided by an Out-of-Network dentist.</li> </ul>			
			

# Principal Exclusions & Limitations

## Covered Expenses Will Not Include and No Benefits Will Be Payable:

1. In the first twelve months that a person is insured if the person is a Late Entrant; except for exams, cleanings and fluoride application. The benefits are limited to procedures numbered 0120, 0130, 0140, 0150, 1110, 1120, 1201 and 1203.
2. For any treatment which is for cosmetic purposes, or to correct congenital malformations, other than medically necessary treatment of congenital cleft in the lip or palate, or both.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this section, it will be a Covered Expense.
4. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this section. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
5. For any procedure begun before the Insured was covered under this section.
6. For any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
7. To replace lost or stolen appliances.
8. For appliances, restorations, or procedures to:
  - a. alter vertical dimensions;
  - b. restore or maintain occlusion;
  - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
  - d. treat disturbances of the temporomandibular joint.
9. For any procedure which is not shown on the List of Dental Procedures.
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
11. For the completion of claim forms.
12. For sealants which are:
  - a. not applied to a permanent molar;
  - b. applied after attaining age 17;
  - c. applied to a molar more than once.
13. gingival flap procedure, including root planing (procedure numbers 4240, 4241, 4340 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
14. Because of an injury arising out of, or in the course of, work for wage or profit.
15. By an Insured because of a sickness, injury or condition for which he or she is eligible for benefits under Worker's Compensation or similar laws.
16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
17. For services which are not recommended by a dentist or which are not required for necessary care and treatment.
18. Because of war or any act of war, declared or not.
19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
20. Any services related to: equilibration; bite registration or bit analysis.
21. Crowns for the purpose of periodontal splinting.
22. Charges for: any implants; precision or semi-precision attachments and any endodontic treatment associated with it; other customized attachments.
23. For endodontic treatment of the same tooth within a three (3) year period.
24. For root canal retreatment when it has not been demonstrated that unusual morphological or pathological conditions exist and when performed by a non-endodontic specialist.
25. For more than one filling for each tooth surface in a 24 month period.
26. For non-surgical periodontal treatment more than once in two (2) year period.
27. For surgical periodontal treatment more than once in a three (3) year period.
28. For crown build-ups when less than three (3) of the five (5) tooth surfaces are destroyed.
29. For crown build-ups (pin, bonded, or post and core) more than once in a five (5) year period.

Managed by:



**2111 East Highland Avenue,  
Suite 250  
Phoenix, Arizona 85016**

**888-422-1995 • 602-266-1995  
602-266-1948 (FAX)**

Underwritten by:



**Companion Life**

**Rated A+ (Superior) by A.M. Best and  
Rated A (Excellent) by Weiss Rating, Inc.**

## **ELITE Choice Provider Directory**

### **NORTH DAKOTA**

#### **Bismarck**

Casey Carlson, DDS  
121 E. Front Avenue  
(701) 223-1194

Casey Carlson, DDS  
204 W. Thayer Ave.  
(701) 223-1194

Richard Hieb, DDS  
810 E. Rosser Ave., Ste. 404  
(701) 222-0033

Bradley King, DDS  
121 E. Front Avenue  
(701) 223-1194

Dean D. Knudsen, DDS  
1120 College Drive, Suite 20  
(701) 258-3308

Sidney Schmidt, DDS  
121 E. Front Avenue  
(701) 223-1194

Sidney Schmidt, DDS  
204 W. Thayer Ave.  
(701) 223-1194

Andrew Schultze, DDS  
2940 N. 19<sup>th</sup> Steet #3  
(701) 255-0475

Steve Midstokke, DDS  
2940 N. 19<sup>th</sup> Street #3  
(701) 255-0475

Chris Spies, DDS  
121 E. Front Avenue  
(701) 223-1194

Chris Spies, DDS  
204 W. Thayer Ave.  
(701) 223-1194

William Quinn, DDS  
121 E. Front Avenue  
(701) 223-1194

William Quinn, DDS  
204 W. Thayer Ave.  
(701) 223-1194

Marcus Vogel, DDS  
3000 N. 14<sup>th</sup> Street #2D  
(701) 255-0469

Thomas York, DDS  
1102 S. Washington  
(701) 223-4915

#### **Bowman**

Patrick D. Kelly, DDS  
608 Highway 12 W.  
(701) 523-3255

#### **Crosby**

Edward Maisey, DDS  
William Maisey, DDS  
112 1<sup>st</sup> St. NW  
(701) 965-4362

#### **Drayton**

Andrew Duncklee, DDS  
110 N. Main  
(701) 454-6218

#### **Enderlin**

Duane V. Krivarchka, DDS  
213 4<sup>th</sup> Ave.  
(701) 437-2676

#### **Fargo**

Bruce K. Hummel, DDS, PC  
1324 23<sup>rd</sup> St. S  
(701) 237-5616

Allcare Dental  
Tanya Bonicelli, DDS  
4302 13<sup>th</sup> Avenue S  
(701) 277-3269

AllCare Dental  
Amit Punj, DMD  
4302 13<sup>th</sup> Avenue S  
(701) 277-3269

James F. Johnson, DDS  
1324 23<sup>rd</sup> St. S  
(701) 237-5616

Lynn W. Marr, DDS  
2534 S. University Dr., Ste. 3  
(701) 293-0751

North Creek Dental  
Mark Schaffer, DDS  
100 S. 4<sup>th</sup>, Suite 312  
(701) 232-2409

Marvin Ugland, DDS  
825 28<sup>th</sup> Street Southwest, Unit F  
(701) 237-4297

Bruce Toftland, DDS  
Valley Dental Center, PC  
1338 Gateway Dr.  
(701) 239-6167

#### **Grafton**

James B. Duerre, DDS, LTD  
17 E. 7<sup>th</sup> St.  
(701) 352-2450

Neil W. Daby, DMD, LTD  
15 E. 7<sup>th</sup> St.  
(701) 352-0730

Kern Family Dentistry, P.C.  
21 W. 5<sup>th</sup> St.  
(701) 352-2013

#### **Grand Forks**

Steven M. Erlandson, DDS  
2401 S. Washington St., #D  
(701) 772-6581

#### **Lisbon**

Duane Krivarchka, DDS  
11 11<sup>th</sup> Avenue West  
(701) 683-4455

#### **Mandan**

Dental Associates, PC  
Dr. Grunseth  
PO Box 907  
(701) 663-7545

Dental Associates, PC  
Dr. Lengowski  
PO Box 907  
(701) 663-7545

Dental Associates, PC  
Anthony Malaktaris, DDS  
PO Box 907  
(701) 663-7545

### **Mayville**

Goose River Dental  
Robert Lauff, DDS  
37 ½ E. Main Street  
(701) 788-4064

### **Minot**

Stanley Hirst, DDS  
116 1<sup>st</sup> Street South West  
(701) 839-1299

Larry D. Scouton, DDS  
315 Main St. S.  
(701) 838-3051

Thomas Slagle, DDS  
1600 2<sup>nd</sup> Avenue SW #31  
(701) 839-2372

### **New Town**

J.W. Hamilton, DDS, PC  
Main Street  
(701) 627-4766

### **Oakes**

Mark M. Malmberg, DDS  
19 N. 6<sup>th</sup> St.  
(701) 742-3401

### **Tioga**

David C. Carlson, DDS  
PO Box 758  
(701) 664-2582

### **Turtle Lake**

Wilton H. Kuehn, DDS  
PO Box 576  
(701) 448-9111

### **Valley City**

Dental Associates of Valley City  
Grant Zwick, DDS  
202 Central Ave. S.  
(701) 845-4221

Lynne Odne, DDS  
411 W. Main  
(701) 524-2814

## **ELITE Choice Provider Directory**

### **Wahpeton**

N. D. College-Hygiene Services  
Susan Swanson, DDS  
800 6<sup>th</sup> St. N.  
(701) 671-2333

Mark Wasemiller, DDS  
275 11<sup>th</sup> St. S.  
(701) 642-4866

### **Wattford City**

Edward Maisey, DDS  
109 5<sup>th</sup> St. SW  
(701) 842-4474

### **Williston**

Scott Ellis, DDS  
501 Main Street  
(701) 774-1941

John Hamilton, DDS  
2204 2<sup>nd</sup> Avenue West  
(701) 774-8822

Edward Maisey, DDS  
William H. Maisey, DDS  
708 Main  
(701) 774-1879

### **MINNESOTA**

#### **Chokio**

Chokio Dental  
Timothy J. Carlson, DDS  
118 Main St.  
(320) 324-7545

#### **Detroit Lakes**

Drs. Fritz, McCauley & Zurich  
1136 Washington Ave.  
(218) 847-2624

#### **Detroit Lakes**

Drs. Riewer and Steinmetz  
1137 Jackson Ave.  
(218) 847-9214

#### **Henning**

Michael R. Berglund, DDS  
404 Douglas Ave.  
(218) 583-2029

#### **Herman**

Michael R. Marchetti, DDS  
5<sup>th</sup> St. Square  
(320) 677-2434

### **Menahga City**

Charles R. Restemayer, DDS  
16 Birch Ave.  
(218) 564-5192

### **New York Mills**

Rachel K. Grieger, DDS  
206 Walker Ave. N.  
(218) 385-3130

### **Park Rapids**

Northwoods Dental Clinic  
Christina M. Robin, DDS  
120 Main Ave. N.  
(218) 732-1414

Guy V. Reich, DDS  
314 Pleasant Ave. S.  
(218) 732-4466

### **Perham**

Michael Hamann, DDS, PA  
200 1<sup>st</sup> Ave. S.  
(218) 346-4775

### **Salol**

Falk Dental  
Bruce D. Falk, DDS  
34683 CO Rd. 133  
(218) 463-1828

### **Wadena**

Wayne C. Howard, DDS, PA  
122 Colfax Ave. SW  
(218) 631-4525

James H. Matthiae, DDS  
206 1<sup>st</sup> St. SE  
(218) 631-1487

Christopher O'Kane, DDS  
124 Colfax Ave. SW  
(218) 631-2515

Woodland Dental Inc.  
Ryan L. Anderson, DDS  
206 First St. SE  
(218) 631-4431

### **Wheaton**

Michael R. Marchetti, DDS  
405 12<sup>th</sup> St. N.  
(320) 563-4800

## **SPECIALISTS**

### **NORTH DAKOTA**

#### **Oral & Maxillofacial Surgery**

#### **Bismarck**

Oral Surgery Center  
Mansureh Iravani, DDS  
3117 North 14<sup>th</sup> St.  
(701) 221-2719

#### **Prosthodontics**

#### **Powers Lake**

Powers Lake Denture Clinic  
Loye A. Ashton, DDS, MS  
120 Main St.  
(701) 464-5646

#### **Williston**

Loye A. Ashton, DDS, MS  
120 Main St.  
(701) 572-9461

## **MINNESOTA**

#### **Oral & Maxillofacial Surgery**

#### **Alexandria**

Centrasota O & M Surgeons, PA  
Robert J. Keck, DDS  
Harold Machesky, DDS  
Gustavo Pena-Velasco, DDS  
Donald M. Primley, DDS  
Eric A. Stine, DDS, MS  
Roderick D. Van Surksun, DDS  
510 22<sup>nd</sup> Ave. E. Ste. 103  
(320) 763-5117