

- **Are you working with no dental benefits?**
- **Are you retired with no dental benefits?**
- **Are you a recent graduate with no dental benefits?**



Then the Northern Dental Plan might be for you!

Northern Dental Plan offers dental services at a reduced fee for people without dental insurance. If you are eligible, you'll receive a FREE initial visit with a participating dentist, including x-rays and an exam, and reduced rates for all treatment following.

Membership in the Northern Dental Plan is \$50.00 per person.

To be eligible for the program, you must:

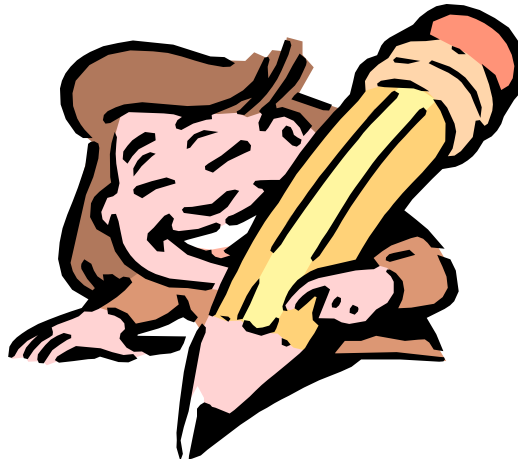
- 1) Have no other dental insurance or Medicaid.*
- 2) Fall within the following income guidelines:

Size of Family	Maximum Income
1	\$18,620
2	\$24,980
3	\$31,340
4	\$37,700

(For each additional person add \$6,360)

If someone in your household is a WIC or Medicaid recipient, or is eligible for food stamps, you meet the income guidelines.

*Medicaid recipients do not need the NDP, as they are already able to receive services at the reduced rates through Dental Clinics North.



To participate in the program:

Fill out the application on the back of this brochure. Applications are available at all Dental Clinics North locations, and at participating health departments and participating private dentist's offices.

OR

Call Dental Clinics North to register with a credit card over the phone at:

1-877-321-7070.

OR

Visit nwhealth.org. Click on the **Dental Clinics North** button, and in the pop-up menu, choose "Northern Dental Plan."



Once your application and membership fee have been received and processed, your card will be mailed to you, along with a list of participating private dentists in the area. You will receive your membership card by mail in 2-3 weeks.

Then just call Dental Clinics North or any participating dentist to make an appointment. For an appointment at any Dental Clinics North location, or for a list of participating dentists, call:

231-547-0295

or toll free

1-877-321-7070

Northern Dental Plan (NDP) Application

Complete household information for each person requesting an NDP card:

1. Last Name _____	First Name _____	Birth Date _____	Membership Fee \$ _____
2. Last Name _____	First Name _____	Birth Date _____	\$ _____
3. Last Name _____	First Name _____	Birth Date _____	\$ _____
4. Last Name _____	First Name _____	Birth Date _____	\$ _____
5. Last Name _____	First Name _____	Birth Date _____	\$ _____
6. Last Name _____	First Name _____	Birth Date _____	\$ _____

AMOUNT ENCLOSED: \$ _____

Address: _____ City _____, MI Zip: _____

County _____ Phone # () _____

Including yourself, how many people are living in your household? (including children) _____

What is your total monthly household income? \$ _____ Yearly Income? \$ _____

Does anyone in your household currently receive Medicaid, WIC, or Food Stamps? Yes No

Please enclose Payment: Check or Money Order (payable to NWMCHA)
 VISA or Mastercard: Account # _____ Exp. _____
 Signature _____



Your application cannot be processed without membership payment. Please mail this application with payment to:

**Northern Dental Plan
 Dental Clinics North
 NWMCHA
 220 West Garfield
 Charlevoix, MI 49720**

Dental Clinics North

Locations:

- Alpena
- Cadillac
- Cheboygan
- East Jordan
- Gaylord
- Mancelona
- Manistee
- Petoskey
- Traverse City
- West Branch

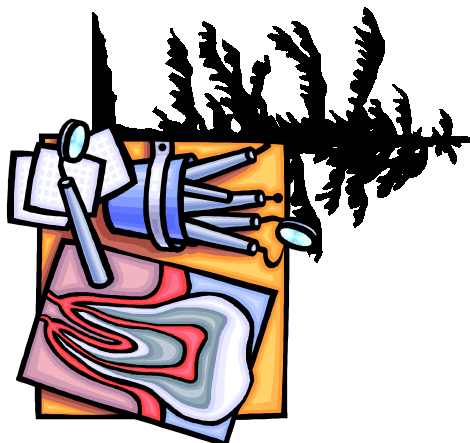
For Health Department Use Only:

DCN-85; 5/04

1. Client ID # _____	Receipt #: _____	Exp. Date: _____
2. Client ID # _____	Receipt #: _____	Exp. Date: _____
3. Client ID # _____	Receipt #: _____	Exp. Date: _____
4. Client ID # _____	Receipt #: _____	Exp. Date: _____
5. Client ID # _____	Receipt #: _____	Exp. Date: _____
6. Client ID # _____	Receipt #: _____	Exp. Date: _____

Check #: _____ Card Issued: _____

Northern Dental Plan



Sponsored by:

Dental Clinics North
- A Partnership of Local Health Departments -

1.877.321.7070

nwhealth.org