

- Are you working with no dental benefits?
- Are you retired with no dental benefits?
- Are you a recent graduate with no dental benefits?
- Is your family at or below 200% of the Federal Poverty Level?



**The Northern Dental Plan might be for you!**

Dental Clinics North offers discounted dental series to non-Medicaid, low-income individuals and families through membership in the Northern Dental Plan.

There are two levels of membership:

- 1) **Northern Dental Plan** includes x-rays, an exam, a treatment plan, and reduced rates for all treatment
- 2) **Northern Dental Plan Plus** includes one cleaning at your initial visit in addition to the other services offered in the NDP.

**Cost of Lifetime Membership:  
\$50 per person for NDP  
\$75 per person for NDP Plus**

If you are a Northern Health Plan member, NHP will pay \$25 toward the NDP fee.

To be eligible for the program, you must:

- 1) Have no other dental insurance, including Medicaid
- 2) Fall within the following income Guidelines (200% of the Federal Poverty Level):

Size of Family	2012 Maximum Income
1	\$22,340
2	\$30,260
3	\$38,180
4	\$46,100
5	\$54,020

(For each additional person add \$7,920)

**To participate in the program:**

Fill out the application the back of this brochure and mail it to Dental Clinics North.

Once your application and membership fee have been received and processed, your membership card will be mailed to you. Then, call our registration line at

**1-877-321-7070**

to make an appointment at any one of our dental clinics.

**For more information or to obtain additional applications, visit [nwhealth.org](http://nwhealth.org) or call **1-877-321-7070** or any of our Dental Clinics North offices:**

**Alpena**  
866.878.6547

**Mancelona**  
866.878.6553

**Cheboygan**  
866.878.6550

**Petoskey**  
866.878.6556

**East Jordan**  
866.878.6551

**Traverse City**  
866.878.6557

**Gaylord**  
866.878.6552

**West Branch**  
866.878.6558



# Northern Dental Plan((NDP) Application

Complete household information for each person requesting an NDP card:

Last Name

First Name

Birth Date

Northern Health  
Plan Member ID  
(if applicable)

Membership Fee  
NDP—\$50 each  
NDP Plus—\$75.00  
(NHP Discount \$25)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Address: \_\_\_\_\_, MI Zip: \_\_\_\_\_  
County \_\_\_\_\_ City \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

I verify my income meets the eligibility guidelines identified in this brochure. I may also apply for the Dental Assistance Fund at my clinic appointment, which will require income verification. \_\_\_\_\_

Signature

Location of clinic you would like to attend (see list on the back of brochure) \_\_\_\_\_

Please enclose Payment:  Check or Money Order (payable to Health Dept. of Northwest Michigan)

VISA or Mastercard: Account # \_\_\_\_\_ Exp. \_\_\_\_\_

3-digit Security Code (on the back) \_\_\_\_\_ Signature \_\_\_\_\_



Please mail this application with payment to:

Northern Dental Plan  
Dental Clinics North  
Health Department of Northwest Michigan  
220 West Garfield  
Charlevoix, MI 49720

Dental Clinics North

**Locations:**

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

DCN-85; 1/12

**For Health Department Use Only:**

Check # \_\_\_\_\_

Date NDP Card(s) Issued \_\_\_\_\_

# Northern Dental Plan



**Sponsored by:**



**Dental Clinics North**

- A partnership of local Health Departments -

**1.877.321.7070  
231.547.0295**

**nwhealth.org**