



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

Then just call a Dental Clinics North Clinic or any participating dentist and request an NDP initial appointment.

**OR**

Call Dental Clinics North for more information at:

**1-877-321-7070.**

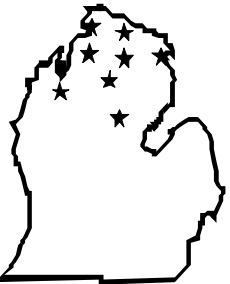
**OR**

Visit [nwhealth.org](http://nwhealth.org). Click on "Northern Dental Plan".

You may also apply for the Dental Assistance Fund (DAF) at your dental clinic appointment that may provide you with additional financial assistance. Application for the DAF requires an income verification. Please ask the dental clinic receptionist for an application.

**Please mail this application with payment to:**

**Northern Dental Plan  
Dental Clinics North  
Northwest Michigan Community Health Agency  
220 West Garfield  
Charlevoix, MI 49720**



## Dental Clinics North

**Locations:**

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

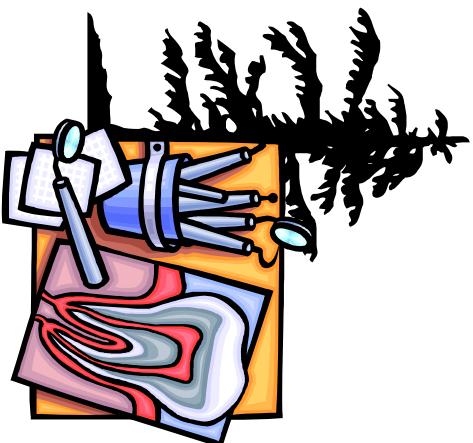
DCN-85; 2/09

**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](http://nwhealth.org)**

- **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, your membership includes an initial visit with a participating dentist for x-rays, exam, and treatment plan. All future services, including a cleaning, will be charged according to a reduced fee schedule.

Membership in the Northern Dental Plan is \$50.00 per person. If you are a Northern Health Plan member, your fee is \$25.00, as the NHP pays 50% of the enrollment fee.

To be eligible for the program, you must:

- 1) Have no other dental insurance, including Medicaid
- 2) Fall within the following income guidelines:

Size of Family	Maximum Income 2009
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580

(For each additional person add \$7,480)



**To participate in the program:**

Complete this application and return it to 220 W. Garfield, Charlevoix, MI 49720. Applications are available at all Dental Clinics North locations, and at participating health departments and participating private dentist's offices.

## 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 (\$25.00 fee only)	Membership Fee (\$50 each)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

Address: \_\_\_\_\_ City \_\_\_\_\_, MI Zip: \_\_\_\_\_  
County \_\_\_\_\_ 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 \_\_\_\_\_

Please enclose Payment:

Check or Money Order (payable to NWMCHA)

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

Signature \_\_\_\_\_