

Dental Clinics North

A partnership of local Health Departments



Dental Clinics North provides comprehensive dental services to children and adults with Medicaid, Healthy Kids Dental (Delta Dental), MICHild, Healthy Michigan Plan and the Northern Dental Plan. Dental services are available at 8 locations: Alpena, Cheboygan, East Jordan, Gaylord, Mancelona, Petoskey, Traverse City and West Branch. For more information or to make an appointment, call 1-877-321-7070.

Northern Dental Plan

For uninsured adults and children

Northern Dental Plan provides services to uninsured adults and children. The lifetime membership fee is \$50 per person. The NDP membership fee includes x-rays, an exam, a treatment plan, and reduced rates for dental services or a sliding fee schedule based on income. The only requirement is that you have no other dental insurance, including Medicaid or Healthy Michigan Plan.

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

To participate in the program:

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

Once your application has been received and processed, our registration line will call you to register you and make your appointment at one of our dental clinics. Your membership card will be mailed to you.

1-877-321-7070

For more information or to obtain additional applications, visit dentalclinicsnorth.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:

Membership Fee
\$50 each

Last Name

First Name

Birth Date

1. _____
2. _____
3. _____

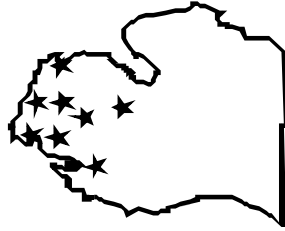
Mailing Address: _____ City _____ MI Zip: _____
County _____ Phone # () _____ Total Enclosed: \$ _____

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; 6/17

For Health Department Use Only:

Check # _____

Date NDP Card(s) Issued _____

Northern Dental Plan



Are you working with no dental benefits?

Are you retired with no dental benefits?

Are you a recent graduate with no dental benefits?

The Northern Dental Plan
might be for you!

Sponsored by



1.877.321.7070



dentalclinicsnorth.org