

Michigan Community Dental Plan



Changing Lives
One Smile At A Time

- ***Are you working and without dental benefits?***
- ***Are you retired and without dental benefits?***
- ***Are you a recent graduate without dental benefits?***
- ***Is your family at or below the 200% of the Federal Poverty Level?***

The Michigan Community
Dental Plan may be for you!

1.877.313.6232
www.midental.org

Michigan Community Dental Clinics (MCDC) Offers discounted dental services to non-Medicaid, low income individuals and families through membership in the Michigan Community Dental Plan (MCDP). There are two levels of membership at MCDC. The MCDP will include x-rays, an exam, a treatment plan as well as reduced rates for all treatment. The MCDP Plus will include one cleaning at your initial visit in addition to the other services offered in the MCDP.

Cost of Life Time Membership

\$50.00 per person for MCDP
\$75.00 per person for MCDP Plus

To be eligible for the program, you must be at or below the 200% of the federal poverty level (FPL) and have no dental insurance. Financial eligibility must be maintained to keep your membership active.

To participate in the program, fill out the application on the back of this brochure and mail it to MCDC. Once your application and membership fee have been received and processed, a membership card will be mailed to you. Then, call any MCDC office to make an appointment.

For more information
visit www.midental.org
or call the nearest MCDC office

Dental Clinics North

Michigan Community Dental Clinics

Alpena	Big Rapids
Cheboygan	Cadillac
East Jordan	Charlotte
Gaylord	Detroit
Harbor Springs	Hart
Mancelona	Hillsdale
Traverse City	Kent County
West Branch	Manistee
	Marquette
	Mt. Pleasant
	Monroe
	Port Huron
	St. Johns
	Sidney
	Three Rivers

Please call
877.321.7070
for information
on the
Northern
Dental Plan

1.877.313.6232
www.midental.org

Michigan Community Dental Plan

Complete the following information for each person requesting membership:

Last Name	First Name	Birth Date	MCDP	MCDP +
1. _____	_____	_____	\$50.00	\$75.00
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Address: _____ City: _____ Zip _____

Phone Number: _____ Location of desired clinic: _____

Please include payment: * _____ Check or Money Order payable to MCDC, Inc. *

* _____ VISA, MasterCard, or Discover

Account Number _____

Expiration Date: _____ V-Code: _____

Signature: _____

** Your membership fee is non-refundable**

Your application cannot be processed without your payment.

**Please mail this application with payment to:
Michigan Community Dental Clinics, Inc.
Attention: Contact Center
One Water Street, Suite 200
Boyne City, MI 49712**

