smileschangelives®

bracing kids for a better future

Orthodontist Provider Agreement

Welcome to Smiles Change Lives! We appreciate your willingness to become a program provider and know you will experience great satisfaction by providing orthodontic treatment for qualified, low-income youth.

This letter serves as our Provider Agreement outlining our program guidelines and expectations.

1. **Doctor Responsibility**. Providers typically agree to treat at least three (3) new patients per year; however, you may decide on the number of children you would like to help in your practice. It will be your responsibility to provide full orthodontic treatment to each patient assigned to you, which includes developing a treatment plan; consulting with the applicant and her/his parent or guardian as to the implementation of the treatment plan; and full implementation of the treatment plan, including application of orthodontic apparatus and one set of retainers. You are expected to provide normal follow-up evaluation and adjustments to apparatus and retainers as appropriate. Your responsibility does not include extractions, cleanings, oral surgery or any other treatment that may be necessary before, during or after orthodontic treatment. You also agree to defend and hold harmless SCL, its agents, officers, employees and assigns, from and against any and all actual or potential claims or liability arising out of or in connection with any actions, omissions or services which you or your employees, agents or assigns provide to any SCL patient who you agree to treat according to this agreement.
2. **Term**. You agree to provide full treatment to any SCL patient accepted for treatment by you until such treatment is concluded.
3. **Progress Reports**. You agree to provide SCL with a timeline for the treatment plan as well as patient progress reports (available at **www.smileschangelives.org/partnersonly**) every six (6) months as well as post-treatment photographs.
4. **Retainers**. It is expected you will provide appropriate retainers as part of the treatment program. You are not required, however, to provide replacement retainers in the event of damage or loss; you may elect to charge the patient for these replacement items.
5. **Patient Rules and Regulations**. We understand that certain conditions are necessary for the successful treatment of any orthodontic patient. As a pre-condition to acceptance into the program, each applicant and his/her family agree to abide by the SCL Program Rules. These rules can be found within the SCL application (available at **www.smileschangelives.org/apply**).

   If, in your opinion, these Program Rules are not being reasonably followed by the patient/family, please contact SCL staff to discuss the issue. After staff consults with the patient/family, if the Program Rules continue to be disregarded, treatment may be suspended or terminated at your discretion. Please notify SCL of your decision so we may notify the family to schedule an appointment to have their child's braces removed. Once a patient has been terminated pursuant to this procedure, your obligation with respect to such patient will cease as well.
6. **Payment**. You agree to treat SCL-assigned patients at no charge.
7. **Referrals**. We encourage you to refer patients who seek, but cannot afford your care to our program; guidelines and applications are available at **www.smileschangelives.org/apply**. We also ask that you provide us with the names of the general dentists who refer patients to you so we can let them know you are now an SCL provider and familiarize them with our program.

8. **Publicity**. As a nonprofit organization, cohesive marketing is extremely important to generate philanthropic support and program awareness. In addition, SCL recognizes the benefits our providers gain through the positive media and public relations generated from being associated with a charitable organization. To that end, SCL will to promote your participation in a variety of ways, including, but not limited to:
    a. SCL will host an active link to your website, and we ask that providers host an active link/logo to the SCL website at **www.smileschangelives.org/**.
    b. SCL will regularly generate and disseminate press releases regarding program announcements, newsworthy media events and recognition articles about our providers. These opportunities will be offered to your practice as available in your area.
    c. Providers may have the opportunity to be highlighted in the SCL semi-annual *smilewire* newsletter, the monthly electronic newsletter or in a prominent location on the SCL website.
    d. SCL orthodontists will be provided with special recognition items to display in their practice that promote their participation in the SCL program.
    e. SCL asks that providers consider designating SCL as their charity of choice for their community efforts, such as Candy Exchange programs, Adopt-A-Smile giving and other practice-based initiatives.

    To maximize the benefits of publicity opportunities you pursue, we ask that you please coordinate any local efforts with SCL staff, who will provide any information needed and will work with you to ensure a consistent message and branding.

9. **SCL Documentation.** All documents pertaining to our program, including sample letters, press releases and guidelines can be found at **www.smileschangelives.org/partnersonly**.

We very much appreciate your participation in this exciting and innovative broad-based community effort. We know your willingness to provide orthodontic treatment to qualified, motivated young people – who would otherwise go without – will bring smiles to their faces and yours!

Please sign this document in the space provided below. In addition, please attach a copy of your Professional License and Certificate of Insurance (referencing worker's comp, general and professional liability) and return all three documents for our files.

Thanks again, and we look forward to working with you to bring joyful smiles to qualified youth in your area.

ACKNOWLEDGMENT OF TERMS:

The undersigned doctor hereby acknowledges, agrees and accepts the terms of his/her participation in Smiles Change Lives, a program of the Virginia Brown Community Orthodontic Partnership.

Date: _____ _____
Signature

_____ _____
Number of New SCL Patients/Year Printed name

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OFFICE CONTACT INFORMATION

Doctor Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Office Phone: _____ Fax: _____ Email: _____

Website: _____

Office Manager: _____ Office Manager Email: _____

Any multi-lingual staff – what language(s): _____

Ortho School: _____ Dental School: _____

How did you hear about Smiles Change Lives? _____

REFERRING DENTISTS, ORAL HEALTH CLINICS, ETC.
(Please attach a page with additional names and info, if needed)

Name: _____

Address 1: _____

Address 2: _____

Phone: _____

Email: _____

Name: _____

Address 1: _____

Address 2: _____

Phone: _____

Email: _____

Name: _____

Address 1: _____

Address 2: _____

Phone: _____

Email: _____

Name: _____

Address 1: _____

Address 2: _____

Phone: _____

Email: _____

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Name: _____ Name: _____

Address 1: _____ Address 1: _____

Address 2: _____ Address 2: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Name: _____ Name: _____

Address 1: _____ Address 1: _____

Address 2: _____ Address 2: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Name: _____ Name: _____

Address 1: _____ Address 1: _____

Address 2: _____ Address 2: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

***Please be sure the following steps are completed before submitting this agreement*:**

1. *Sign the contract in the space provided (page 2)*
2. *Complete the Office Contact information*
3. *Attach a copy of your Professional License and your Certificate of Insurance*

Please return by fax, mail or scanned email to:

Smiles Change Lives
2405 Grand Boulevard, Suite 300
Kansas City, MO 64108
Phone: (816) 421-4949 x228
Fax: (816) 421-3008
doctor@smileschangelives.org

Thanks so much for your participation!