



# bracing kids for a better future

## **The Many Benefits of Smiles Change Lives—including a 99% Success Rate:**

- SCL will do everything possible to ensure your pro bono time, efforts and resources are spent on qualified, motivated and deserving candidates who would otherwise have no access to your care.
- You don't have to handle applicants or determine which pro bono cases you accept or not – we do that for you.
- Your work with SCL is a way for you to further your relationships with referring dentists by providing assistance to their families in need. **We would appreciate if you would have your office manager send us contact information for your referring dentists and we'll notify them of your participation in SCL.**
- You can refer ALL of your pro bono candidates through SCL for a thorough and rigorous application and screening process. You never have to say "no." Applications are available at [www.smileschangelives.org/apply](http://www.smileschangelives.org/apply).
- As an SCL provider, you have numerous marketing and co-branding opportunities to promote your practice's community involvement and philanthropy. For more information, email [provider@smileschangelives.org](mailto:provider@smileschangelives.org).

## **Patient Application Process:**

- Each applicant completes an application, has their dentist complete the dental referral form and submits all required documents along with a \$25 application fee to SCL national headquarters.
- SCL staff completes an initial review to ensure the family meets all guidelines. If so, the family is notified that their application has been accepted and their child is ready for screening. Families who don't meet all the guidelines receive a letter explaining why their application wasn't accepted.
- Applicants are added to the list for an orthodontic screening and are screened on a first-come, first-serve basis. Screenings are held at dental schools or at an orthodontist's office. Please feel free to screen patients who visit your office and cannot afford braces and send the results to us to "fast track" these applicants. Please call us for more information on our Fast Track program.
- The screening site takes composite photos, x-rays and evaluates the applicant's clinical need for, as well as interest in, getting braces. All screening information is sent to SCL national headquarters where the applicant information is summarized for evaluation by our national orthodontic review panel. Applicants are approved, declined or put on recall pending further development or improved oral hygiene and SCL notifies the family of the child's acceptance, rejection or need to re-screen via letter.

## **Approved Patient Process:**

- Each family must pay SCL \$500 toward the cost of the program (unless qualified for a donor-supported placement) before they are assigned to their orthodontist.
- Once their program fee is received, the child is assigned to an SCL provider located as close as possible to her/his home. A letter is sent to the assigned orthodontist with the child's photographs, screening documents and any other pertinent information. A letter is also sent to the child's family instructing them where to call for their first appointment along with a review of the guidelines they must follow to be a part of SCL's program.
- The orthodontist's office submits a progress report (provided by SCL) when the child is banded and every six months until treatment is finished. These reports enable SCL staff to track each patient's progress and ensure his/her compliance. If an SCL patient is out of compliance, please call or email SCL and SCL staff will contact the family and then follow-up with providers. Once treatment is completed, orthodontists send a final progress report and photographs to SCL.



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## 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](http://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](http://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](http://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.



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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/](http://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](http://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: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Office Manager Email: \_\_\_\_\_

Do you refer patients out for radiographs? Y N Are you interested in serving on our Review Panel? Y N

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.

(If you have this information in a file format, please consider emailing it to [gracie@smileschangelives.org](mailto:gracie@smileschangelives.org))

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 2: \_\_\_\_\_

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Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone: \_\_\_\_\_

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](mailto:doctor@smileschangelives.org)

**Thanks so much for your participation!**