



smileschangelives®

# Becoming an SCL Provider

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

- You determine how many SCL cases you would like assigned to your practice each year. The national average is four per doctor, per practice, per year. You may change your case load at any time.
- SCL will do everything possible to ensure your pro bono work and practice resources are spent on qualified and motivated children who would otherwise have no access to your care.
- You don't have to handle applications or determine who is qualified. You never have to say "no" or ask tough questions. We do that for you to ensure that you have a great experience treating SCL patients.
- Your work with SCL may help further your relationships with referring dentists. We recommend that you send us their contact information and we'll let them know about your commitment to helping qualified kids get braces.
- We encourage you to process ALL of your pro bono cases through SCL to assess each candidate's need through our thorough application and screening process. Don't stop what you're doing, simply let SCL do the work.
- As an SCL provider, you have many 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 (#1 Application, #2 Screening, #3 Review, #4 Treatment):

- Families complete an application and submit all required documents including prior year tax return and a dental referral form signed by a dentist, along with a \$25 application fee, to SCL national headquarters.
- SCL reviews the application to ensure the family meets our guidelines. If so, the family is notified their application has been accepted and their child is ready for her/his orthodontic screening. Families who don't meet all of the guidelines receive a letter explaining why their application wasn't accepted.
- Applications are processed on a first-come, first-served basis. Orthodontic screenings are held at dental schools or an SCL provider's office. The screening site will take composite photos, x-rays and evaluate the applicant's clinical need for and interest in getting braces. The screening information is sent to SCL for analysis by our Orthodontic Review Panel. Applicants are approved, declined or put on recall and SCL notifies the family of the child's status.
- Approved families pay the SCL program fee (\$500 or less if qualified for a donor-supported placement) before they are assigned to an orthodontist. This program fee generates patient buy-in and ensures treatment compliance.

## SCL works to make the process as simple as possible for providers:

- If potential patients cannot afford your care, but you think they could for SCL, please refer them to us. If your referrals ask you to take on a pro bono case, you can also send those patients to us. Send the results from your clinical screening and we'll "fast track" their application. Email [doctor@smileschangelives.org](mailto:doctor@smileschangelives.org) for more information.
- The clinical screening is a critical part of our process and we greatly appreciate our providers lending their expertise to help ensure applicants are motivated and will benefit from orthodontic treatment. Only those applicants who meet all our criteria receive a clinical screening. SCL supplies a simple form and requires intra/extra-oral pictures (composite-6) and x-rays, if needed. You may choose whether or not to treat a child you've screened on our screening form. Please note that you may screen applicants but not be asked to treat them, so please do not hold treatment slots for the children you've screened. SCL tracks all pending applicants and places approved children with the closest available SCL provider after the family has paid their program fee, which can take months.
- Upon payment, SCL identifies a nearby provider and verifies the doctor has an opening for an SCL patient. A confirmation email is sent along with the child's screening information. An assignment letter is sent to the child's family so they know who to call for their appointment along with a copy of our guidelines.
- Providers are asked to submit a progress report 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 us and we will contact the family. Once treatment is completed, orthodontists send a final progress report and photographs to SCL.



 smileschangelives®



# Becoming an SCL Provider

## Orthodontist Provider Agreement

Welcome to Smiles Change Lives! We appreciate your willingness to become a provider and know you and your staff will experience great satisfaction providing orthodontic care for qualified, low-income youth. This document serves as our Provider Agreement outlining our program guidelines, expectations and benefits.

1. **Doctor Responsibility.** SCL providers average four (4) new SCL patients per year; however, you may decide to treat more or less. You agree to provide full orthodontic treatment to each patient assigned to you, which includes developing a treatment plan to be reviewed with the patient and her/his parent or guardian. You also agree to fully implement the treatment plan, providing the necessary orthodontic apparatus. You also agree to provide normal follow-up evaluation and adjustments to apparatus and retainers as appropriate. You are not responsible for 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.
2. **Term.** You agree to provide full treatment to any SCL patient accepted by you until such treatment is concluded.
3. **Progress Reports.** You agree to provide SCL with an estimated completion date, patient progress reports (available at [www.smileschangelives.org/SCLproviders](http://www.smileschangelives.org/SCLproviders)) every six (6) months as well as post-treatment photographs.
4. **Retainers.** You agree to provide one (1) set of retainers as part of the treatment plan. You are not required to provide replacement retainers in the event of damage or loss; you may elect to charge the patient for 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 must sign SCL's Program Rules, which are a part of the application (available at [www.smileschangelives.org/apply](http://www.smileschangelives.org/apply)). **If, in your opinion, the Program Rules are not being reasonably followed, please contact SCL staff to discuss the issue.** Staff will discuss the situation with the patient/family and inform them that if the problem(s) continue, treatment may be suspended or terminated at your discretion. Please notify SCL if you decide to terminate treatment so we may notify the family to schedule an appointment to have their child's braces removed. Once a patient's care has been terminated pursuant to this procedure, your obligation with respect to such patient will cease.
6. **Payment.** You agree to treat approved, SCL-assigned patients at no charge.
7. **Marketing.** Cohesive marketing and branding is extremely important to generate philanthropic support and program awareness. In addition, our providers benefit from the positive public relations generated from being associated with a charitable organization. To that end, SCL will promote your participation in a variety of ways, including, but not limited to:
  - a. SCL will add you to our online provider directory with a link to your website and recommend that you host an active link to [www.smileschangelives.org](http://www.smileschangelives.org) and utilize additional online resources available at [www.smileschangelives.org/SCLproviders](http://www.smileschangelives.org/SCLproviders).
  - b. Providers may have the opportunity to be highlighted in SCL advertisements, articles, press releases, electronic newsletters, print collateral, events, campaigns, on social media channels or the SCL website.
  - c. Providers will be issued recognition items to display in their practice to promote their participation with SCL.
  - d. SCL asks that providers consider designating SCL as their charity of choice for their pro bono work and other community-based initiatives. **To maximize the marketing benefit to your practice, please coordinate your efforts with SCL staff who will provide support and materials to ensure consistent messaging and branding.**
8. **Referrals.** We encourage you to refer patients who seek, but cannot afford your care to our program. We recommend that you provide us with contact information for the general dentists who refer patients to you. We will let them know you are now an SCL provider and familiarize them with our program. This effort provides great recognition for your practice as well as high-quality, local applicants; however you may choose to opt out of this initiative.



smileschangelives®

# Becoming an SCL Provider

9. **SCL Documentation.** All documents pertaining to our program, including sample letters, press releases and guidelines can be found at [www.smileschangelives.org/SCLproviders](http://www.smileschangelives.org/SCLproviders). After SCL has received your signed provider agreement you will have access to create a login to access this information online.

We greatly appreciate you joining hundreds of your peers in bracing kids for a better future and look forward to working with you and your staff to bring joyful smiles to youth in your area.

### **PROVIDER AGREEMENT CHECKLIST:**

- ✓ **Sign this document in the space provided below**
- ✓ **Attach a copy of your Professional License**
- ✓ **Attach a Certificate of Insurance (referencing worker’s comp, general and professional liability)**
- ✓ **You may submit an electronic file with your referring dentist list to [doctor@smileschangelives.org](mailto:doctor@smileschangelives.org)**

### **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 to be assigned each year.

\_\_\_\_\_ Printed Name

### **OFFICE CONTACT INFORMATION**

Doctor Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

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

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

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

Do you accept Medicaid/State Dental patients? Y N      Are you interested in serving on our Review Panel? Y N

Are you willing to conduct periodic clinical screenings for SCL? Y N      Do you refer patients out for radiographs? Y N

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

Do you have satellite offices? Y N      If yes, how many: \_\_\_\_\_

Ortho School: \_\_\_\_\_ Dental School: \_\_\_\_\_

How did you hear about Smiles Change Lives (please be specific)? \_\_\_\_\_

\_\_\_\_\_



 smileschangelives®



# Becoming an SCL Provider

## REFERRING DENTISTS, ORAL HEALTH CLINICS, ETC.

If you have this information in an electronic format, please email it to [doctor@smileschangelives.org](mailto:doctor@smileschangelives.org).  
If you don't want us to contact your referring dentists, please check this box.

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 3)*
- 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 email to:**

Smiles Change Lives  
 2405 Grand Boulevard, Suite 300  
 Kansas City, MO 64108  
 Phone: 816.421.4949  
 Fax: 816.421.3008  
[doctor@smileschangelives.org](mailto:doctor@smileschangelives.org)

**Thank you for trusting Smiles Change Lives as your pro bono program!**