



Smiles Change Lives (SCL) is an international nonprofit that has been providing access to orthodontic care since 1997 for qualified, motivated children whose families cannot afford the full cost of braces. Currently, over 750 generous orthodontic providers are partnered with SCL, donating their time and efforts to change the lives of children in their communities.

## Why Partner with SCL?

- To change the lives of qualified, motivated children while SCL does the rest!
- To gain valuable marketing benefits and media attention for your practice.
- To brand your practice as a generous, community-minded business.
- To generate new referrals or deepen relationships with existing referrals.
- To join hundreds of your colleagues nationwide in bracing kids for a better future!

## SCL is Easy and Rewarding!

- No fees, fundraising, boards or chapters to establish.
- SCL does everything possible to ensure your donated time, skills, and practice resources are spent on qualified, motivated children.
- You don't have to handle applications or determine who is qualified; refer your pro bono patients to us and we will screen them so that you never have to say "no" or ask tough questions. We take care of that for you to ensure you always have a positive experience treating SCL patients.
- On the rare occasion that a child/family is not compliant, you can simply contact SCL and we will contact the family to resolve the issue.

## Patient Application Process:

Application Process: To apply, a child must: (1) be 7-21 years of age; (2) have good oral hygiene; (3) have no unfilled cavities; (4) not be wearing braces currently; and (5) meet SCL's established financial guidelines. Qualified applicants submit an application and all required documents, including prior year's tax return, photos, and an application fee, to SCL. Applications are processed on a first-come, first-served basis.

Review Process: SCL reviews the application to ensure the family meets our qualification guidelines. If so, it will be reviewed by the SCL Review Panel and the family will be notified whether the child (i) is approved for the program, (ii) is declined for the program, or (iii) will need further evaluation (due to poor dental hygiene, dental development, or other potential issues).

Treatment: If approved, the applicant is referred to an orthodontist for screening and acceptance for treatment. Approved applicants are assigned to partner orthodontists on a first-come, first-served basis. SCL makes every effort to assign to the closest orthodontist available, however where provider openings are limited, placements may be made within a 100 mile radius. Approved families pay a required financial investment to SCL before they are assigned to an orthodontist. This payment generates patient buy-in and helps to ensure treatment compliance. SCL also offers the Doctor's Choice program, which is designed to allow SCL providers to select the patients they want to treat through our program and "fast track" their applications so that you can begin treatment immediately.

## How do I Get Started?

- Sign and submit the attached Provider Agreement, along with a copy of your license and insurance.
- Send us a list of your referring dentists so we can notify them of your participation in the program.
- Once you have submitted all of the required paperwork, you can expect to hear from us requesting a time to schedule your New Provider Orientation. This orientation is conducted over the phone and is an opportunity for us to better familiarize you with program and answer any questions that you or your staff may have.
- SCL will contact you to assign grateful, deserving patients from your community.



## 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 children in your community. This document serves as our Provider Agreement outlining our program guidelines, expectations and benefits.

1. **Doctor Responsibility.** 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; providing normal follow-up evaluations 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. SCL attempts to assign each SCL patient to the closest provider available, however where providers are limited, a child may be assigned to a provider within a 100 mile radius. 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. You further represent and warrant that you will maintain worker's compensation, general and professional liability insurance in an amount reasonably carried in your industry at all times during your participation as an SCL provider.
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 treatment completion date; patient progress reports every six (6) months; and post-treatment photographs for each SCL patient to which you are assigned.
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 to discuss the issue. SCL 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 nonprofit 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. SCL recommends that you host an active link on your website to [www.smileschangelives.org](http://www.smileschangelives.org).
  - b. Providers may have the opportunity to be highlighted in SCL advertisements, articles, press releases, electronic newsletters, print collateral, events, and campaigns, on social media channels or the SCL website, among others. In connection therewith, you hereby consent to SCL's use, without charge, of all photos, videos, or audio of you or your staff. SCL may copyright, broadcast, display, publish, re-publish, and reproduce your image, voice and any statements made by you, in whole or in part, in any and all media forms.
  - c. Providers will be issued recognition items to display in their practice to promote their participation with SCL.
  - d. Depending on the number of kids you treat, we may provide additional marketing and promotional opportunities; the more kids you treat-the more we will do!
  - e. SCL asks that you let your patients know that you are an SCL provider both on your website and by displaying materials in your office in order to let people know about the pro bono work you are doing. 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 through our Doctor's Choice Program. We can "fast track" their applications so that you can begin treatment immediately. This program also allows you to also treat individuals who may not qualify under SCL's standard guidelines, including military families, special needs patients, police and fire fighter families, current patients that have "fallen on hard times." We also recommend that you provide us with contact information for the general dentists who refer patients to you. We will notify them that you are an SCL provider and familiarize them with our program. This effort provides great recognition for your practice as well as high-quality, local applicants.

9. SCL Orientation. The director of provider services will schedule a 30 minute orientation call with you and your office staff to discuss what to expect from the program, the processes, provide you with needed documentation, and introduce you to the director of marketing.

10. Confidentiality. SCL is committed to ensuring that every SCL patient's record and information is treated confidentially and safeguarded against loss or unofficial use. You agree to safeguard and treat as confidential the information that your office receives regarding SCL patients in compliance with the standards set by HIPAA. Confidential information means any assigned SCL patient's information, including name, names of relatives, addresses, social security number, date of birth, diagnosis, treatment or plan of care, photos, x-rays, medical information, and financial information.

**THANK YOU!**

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 children in your community!

**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

\_\_\_\_\_ I'll take 4-7 a year

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

\_\_\_\_\_ I'll take 8-11 a year

\_\_\_\_\_ I'll take 12-19 a year

\_\_\_\_\_ I'll take 20+ a year

\_\_\_\_\_ I want to be the Top SCL Provider in my state – What will that take?

\_\_\_\_\_ Other \_\_\_\_\_

**PROVIDER AGREEMENT CHECKLIST:**

- Sign the Orthodontist Provider Agreement
- Complete the Office Information
- Attach a copy of your Professional License
- Attach a Certificate of Insurance (referencing worker's comp, general and professional liability)
- Submit list of referring dentists

Please return by fax, mail or email to:

Smiles Change Lives  
2405 Grand Boulevard, Suite 300  
Kansas City, MO 64108

Fax: 816.421.3008 | Email: [provider@smileschangelives.org](mailto:provider@smileschangelives.org)



## OFFICE CONTACT INFORMATION

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

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

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

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

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

Office Scheduler Name: \_\_\_\_\_ Office Scheduler Email: \_\_\_\_\_

Marketing Contact Name: \_\_\_\_\_ Marketing Contact Email: \_\_\_\_\_

Do you have satellite offices? Yes No If yes, where? \_\_\_\_\_

Do you have other orthodontists in your office? Yes No If yes, how many? \_\_\_\_\_

Do you have any multi-lingual staff – If yes, what language(s): \_\_\_\_\_

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

What practice management software do you use? \_\_\_\_\_

Who is your preferred supplier for hardware/brackets? \_\_\_\_\_

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

\_\_\_\_\_



## REFERRING DENTISTS; ORAL HEALTH CLINICS, ETC.

If you have this information in an electronic format, please email it to [provider@smileschangelives.org](mailto:provider@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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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