



P.O.Box 950
Granby MA.
01033

Phone: 888.865.7011
Fax: 413.284.4105
www.allanasmiles.org

Allana Smiles Foundation

Directions for affiliation application

1. Complete and sign application
2. Provide a JPEG of your logo and picture
3. Make check payable to Allana Smiles Foundation for \$125.00 processing fee
4. Include a letter from Sponsor from Allana Smiles or a patient.
5. Mail the above items to :
Allana Smiles
PO BOX 950
Granby MA 01033
6. A team member from Allana Smiles will contact you once your application is reviewed. Applications are reviewed once per month.

What to expect after being accepted

1. You will be contacted via phone and you will receive a letter in the mail
2. Your name /practice will be listed on our website
3. You will receive a copy of our logo to add to your website if you choose to do so.
4. A certificate of affiliation will be sent to your practice for display.
5. Your affiliation stays active for 2 years.
6. Patients who meet the criteria for funding must be approved thru the foundation prior to getting work if they are expecting a grant Allana Smiles to cover the cost of their treatment.
7. Grants will be paid directly to the Dr.
8. All doctors must fill out a W-9 form once accepted.

What is expected from you while you are affiliated

1. We must notify the Allana Smiles Foundation if you stop practicing or there is a change in your license status.
2. You agree to the Allana Smiles fee schedule or your fee schedule whichever is less.
3. Patients that come to you from Allana Smiles will be treated with the highest standard of care.
4. You will take an active role in making a difference in dentistry.