



## *The Supportful Foundation*

The Supportful Foundation is a charitable organization which promotes healthy living by facilitating programs and services that improve the well-being of individuals and communities.

## *Make a Difference with Dental-ful!*

The Dental-ful Program is a dynamic dental network which connects underserved and disadvantaged individuals with compassionate dentists and suppliers.

Finally, a charitable dental service program designed to serve the underserved and disadvantaged. Millions of Americans live with oral pains because they don't receive proper dental treatments. Meanwhile, the upper class has few worries when it comes to oral care because they have prestigious dental insurance plans and extra cash to pay for the necessary dental treatments which ensure their good oral health. In addition, the lower class can get support from various programs and organizations, including the government, to cover the costs of their dental care.

But what about middle class citizens who are stuck in the middle because they make too much money to receive government support yet don't earn enough to cover all of the costs themselves? This segment is a large part of the population and they just need some special sponsorship in order to cover the costs of their necessary dental treatments.

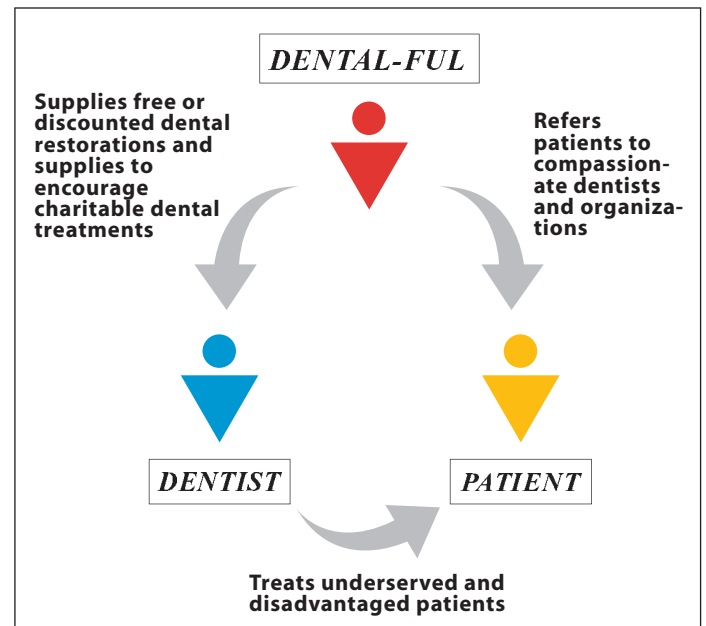
The Supportful Foundation brings kindhearted dentists and suppliers into contact with less fortunate individuals in order to facilitate dental treatments in a transparent and easy way.

The core values of the Dental-ful Program are to bring awareness, encouragement and improvement for both parties involved: the patients and the dentists.

**Awareness** – Dental-ful informs the public as it brings oral health awareness to the attention of its audience by educating them about the strong relationship between oral disease and other serious health problems such as diabetes, heart disease, pregnancy complications, and respiratory disease.

**Encouragement** – Dental-ful encourages positive and preventive actions which benefit the oral health of patients, such as: annual cleanings, routine examinations, and the implementation of new oral care habits.

**Improvement** – Dental-ful improves the lives of individuals, the compassion of communities and the value of businesses by connecting underserved and disadvantaged patients with compassionate dentists and suppliers. The dental treatments provided to patients are facilitated by the Supportful Foundation through their sponsors and this makes the experience wonderful for everyone involved.



### ***Patient Benefits***

- Receive proper dental treatments
- Restore oral health
- Become healthier overall
- Feel more confident
- Gain appreciation for community involvement

### ***Dentist Benefits***

- Receive restorations/supplies through the Supportful Foundation for treatments provided
- Get exclusive supplier discounts
- Collect patient referrals from the Supportful Foundation
- Participate in special events, CE programs, and volunteering opportunities
- Increase business exposure and network
- Enhance and distinguish image in the community
- Gain renewed, internal strength from your charitable efforts
- Pay less tax due to tax-deductible discounts



## Application for Dental Restoration/Supply

Dentist First Name: \_\_\_\_\_ License No: \_\_\_\_\_  
 Dentist Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 County: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Treatment Cost Dr.'s Charitable Discount Insurance Responsibility (If any) Actual Patient Responsibility  
 (Excluding Restorations)

Treatment to be Performed:

Dental Restoration/Supply Requested:

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (By signing, I certify that the above information is true and correct)

Patient First Name: \_\_\_\_\_ County: \_\_\_\_\_  
 Patient Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Patient's Statement of Request for Charitable Dental Treatment/Restoration:

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (By signing, I certify that the above information is true and correct)

### **How Does the Dental-ful Program Work?**

1. Dentist and patient fill out an Application for Dental Restoration/Supply, along with the patient's information, treatment cost and plan. This application is sent to the Supportful Foundation.
2. The Selection Committee of the Supportful Foundation reviews the Application for Dental Restoration/Supply.
3. Upon approval, the Supportful Foundation contacts the dentist and requests the Rx form and impression be sent to the dental laboratory and supply sponsors of the Supportful Foundation.
4. Dental laboratory and supply sponsors send finished restorations/supplies to the dentist who will then install the restoration into the patient's mouth.
5. Patient walks out with a new smile.