

## Composite Filling Acceptance of Responsibility

I, \_\_\_\_\_, understand that my insurance company reimburses posterior composite (white/tooth colored) fillings at the same amount that amalgam (silver) fillings are benefited for the same teeth.

My insurance company understands, however that often times it is the preference of the patient and/or treating dentist to utilize composite materials. Under these circumstances, I, \_\_\_\_\_, accept the additional financial responsibility for placement of posterior composites. My actual cost will be determined by deducting my insurance payment amounts from the total charge.

I hereby warrant that I am of legal age and have the right to contract my own name, or I am not of legal age and my parent/legal guardian whose signature is witnessed below is executing this release. I/my guardian have/has read the above consent prior to its execution, and I/my guardian am/is fully familiar with the agreement.

Patient's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Guardian (if under legal age) \_\_\_\_\_

Guardian Signature \_\_\_\_\_

