

Charles G. Liggett Jr., DDS Cole J. Johnson, DDS

8309 Phoenix Ave. Fort Smith AR 72903 479-646-0706 479-646-0502 (fax)

Resin and Amalgam Fillings

River Valley Smile Center feels that it is important that you are informed of a few facts concerning some dental insurance policies and resin (white) filling coverage:

* * Some insurance plans do not pay for resin (white) fillings on your back teeth. * *

Some insurance plans only pay for darker amalgam (silver) fillings on back teeth. You may want to check your benefit package to see how your plan pays.

Some insurance plans <u>downgrade</u> resin fillings to amalgam fillings, which results in the insurance paying considerably less, and the patient portion being higher.

You may choose at any time to do an amalgam/silver filling instead of a white tooth colored filling. You simply need to inform our staff prior to your scheduled appointment of your preference.

In an effort to keep the cost of your insurance premiums down, some employers are adding exclusions like these to the coverage they purchase for their employees. We are beginning to see more and more of this happening in recent months. However, the information we receive is sometimes just a summary of coverage and does not include every detail. The employee benefit information you receive from your employer should tell you all of those details,

The amount you are asked to pay at the time of your appointment, is an estimate only. In the event that your insurance does not pay for your services for any reason, it is your responsibility for payment in full.

To help minimize risks and complications, I have disclosed to River Valley Smile Center any and all medications I am taking. I have also disclosed any abnormalities in my current physical status and my past medical history. By signing this form, I am freely giving my consent to allow and authorize **River Valley Smile Center** to render treatment necessary or advisable to my dental conditions, including any and all anesthetics and medications for my own benefit or the benefit of my minor child or ward. I acknowledge that I have read and understand this consent form.

(Signature)	(Date)	