

**Our Policy on Dental Amalgam  
(Silver Dental Fillings)**

We no longer recommend silver amalgam dental restorations. Our practice is composite (tooth colored restorative materials) oriented. We encourage composite resins for restoring back teeth.

Tooth colored restorations (posterior composites) for molars and premolars (back teeth), if not covered by your insurance plan, will be charged to you, the patient, at our usual fee at the time of the service. This fee can be paid by cash, check or credit card.

If your plan should 'down-grade' tooth colored fillings to silver amalgam, or what is referred to as *an alternate benefit for amalgam*, you will be responsible for paying any fee difference between the insurance plan's silver amalgam fee and our office composite (tooth colored) fee.

If you have any question on you coverage for tooth colored restorations vs. silver amalgam fillings, please contact your carrier directly. Feel free to request a preauthorization by us to your insurance carrier for any extensive restorative procedures of any kind.

**I agree with the above and *do not want silver dental fillings* placed in my back teeth.  
And I agree to be responsible for paying any composite or alternate benefit fee(s) not covered by my insurance plan to Lionville Dental Associates, LLC. \_\_\_\_\_ initials**

**I have read the above but still wish to have silver and mercury dental fillings placed on my back teeth in agreement with my dental benefits. \_\_\_\_\_ initials**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES\*\***

I, \_\_\_\_\_ have received a copy of  
                    First Name (print)                      Last Name (print)

Lionville Dental Associates, LLC's Notice of Privacy Practices.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

We attempted to obtain written acknowledgement of receipt of Our Notice of Privacy Practices but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

**\*\* You May Refuse to Sign This Acknowledgement**