

Dear Patient,

With the advent of newer restorative materials, we are often asked about the differences between the traditional silver amalgam restorations and the newer state-of-the-art composite restorations, both in terms of treatment considerations and dental plan reimbursement. We hope to answer some of these questions in this letter.

Ideally, all dental restorations should be harmless to the pulp and soft tissue, should contain no toxic substances that can reach the circulatory system, should be free of sensitizing agents and have no carcinogenic potential. We recognize that both amalgam and composite restorative materials can have positive and negative attributes. As such, the material selected for your restoration must be based on your individual needs, not dental plan limitations. While silver amalgam has been in use for 150 years and has high compressive strength upon setting, it does expand over time which can cause fractures in tooth structure if the remaining structure is thin. The newer composite resins are 30-70% acrylic or polyurethane with the remainder being filler material such as finely ground glass or minerals. They are resistant to abrasion and are less likely than amalgam to expand or contract. The size and location of the restoration as well as the proximity to pulp influence which material we recommend. Careful consideration must be given to your individual clinical needs before recommending the best material for your treatment. As an office, we want our patients to be fully informed and know that they have the final choice in the material selected for their individual situation.

Patients Frequently Ask....

- Why do white or composite fillings cost more?
Composites require more care in placement due to a number of different steps involved. Also, composites are cured by a powerful light. To insure proper curing, composite must be placed incrementally and each stage must be cured for 20-30 seconds. Therefore, it often takes more time and skill to place a composite restoration.
- Will my insurance cover these tooth-colored fillings?
Every patient's dental plan is different. While some plans pay for composite fillings regardless of their location in the mouth, most dental plans will define which teeth are eligible for the additional reimbursement. Some plans pay composite fees only from cuspid to cuspid. Some pay the composite restoration fee on the first bicuspid but not the second bicuspid, and others will exclude on the molars, giving an alternate amalgam fee instead.

When a dental plan pays an amalgam fee, instead of the composite fee that was billed, it is not implying that the composite restoration was not the best choice for the patient. It is only saying that the premium paid for the dental plan defines,

and often limits, the amount the plan can pay for certain services. When a dental plan reduces its payment to a silver-filling fee, the difference is the patient's responsibility. Our financial coordinator can provide an estimate for the difference in cost.

If after reviewing the above information, you have additional questions regarding the appropriate material for your particular dental needs, please contact our office at (910) 346-5600. We will be happy to assist you.

Sincerely,

Karen J. Armstrong, DMD, PA