

**AUTHORIZATION TO ACCEPT FINANCIAL
RESPONSIBILITY**

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

It is understood, however, that often times it is the preference of the patient and/or the treating dentist to utilize composite materials. Under these circumstances, I, the undersigned, accept the additional cost for placement of the posterior composite. My actual cost will be determined by deducting the insurance company's payment amounts from the total charge.

**Member/Patient Signature
(Parent signature if Minor)**

Date of service