

# Posterior Composite Agreement

## Reimbursement

Superior Dental Care’s reimbursement for posterior composites is based on allowances comparable to those SDC uses for amalgam restorations for the same teeth. This is done to assure that SDC remains competitive in the dental benefits marketplace. Today, however, many patients now prefer the composite restoration for reasons that include esthetics. SDC understands that there are additional costs and time involved with such restorations and has determined that balance billing may be arranged with any member who so agrees. This decision helps meet the demand of employer groups to contain premium costs; but at the same time, it allows SDC to avoid interfering with treatment preferences.

## How to Collect

Please use the form below to obtain the patient’s signature and to review instructions on use. Our Dentist and Member Services Team can be reached at **(937) 438-0283** or **(800) 762-3159** Monday–Friday, 7:30am–5:00pm. Any team member will be glad to provide additional forms and/or provide an additional explanation.

### Agreement to Accept Financial Responsibility for Posterior Composites

I, the undersigned, understand that Superior Dental Care reimburses posterior composite (white/tooth colored) fillings based on allowances comparable to those SDC uses for amalgam restorations for the same teeth. SDC understands, 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 financial responsibility for placement of posterior composites. My actual cost will be determined by deducting SDC’s payment amount from the total charge.

\_\_\_\_\_  
Printed Name of Member/Patient

\_\_\_\_\_  
Printed Name of Treating Dentist

\_\_\_\_\_  
Member/Patient Signature (Parent Signature if Minor)

\_\_\_\_\_  
Date of Signature

## Instructions for Utilizing this Agreement

- An agreement is required prior to completing posterior composites for SDC members and for which the patient has accepted additional financial responsibility. It is not necessary to complete a form for subsequent appointments if the member remains in agreement. *(Note: For children under the age of 18, the agreement must be made with the responsible parent/guardian.)*
- It is the responsibility of the participating dentist/office to maintain a written agreement in the patient’s record. A copy of the agreement will only be requested by SDC if the member contests the processing of the claim; or, if the agreement isn’t indicated on the initial submission for the service. In those cases, this form may be faxed to **(937) 291-8695**.
- When submitting the claim for processing, a notation referencing the agreement is required. It may be as simple as “Patient Agrees” or may be more detailed. Should the notation be omitted from the initial submission, a correction request must be received by SDC within 2 months (60 days) of the date of processing and must include a copy of the signed agreement.
- It will no longer be necessary to have the patient sign the claim form. This will facilitate electronic processing since notations may be included. Without the notation and signed agreement, the member cannot be balance-billed for the service.