HADA family dental

Difference Between Amalgam and Composite Resin

We are often asked about the differenced between traditional silver amalgam restorations and the newer state of the art composite restoration, 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, contain no toxic substances that can reach the circulatory system, 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 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 the pulp, influence which material we recommend.

Careful consideration must be given to your individual clinical needs before recommending the best material for your treatment. In our dental practice, **we want our patients to be fully informed and know that Hada Family Dental only use composite material.**

Why do white/composite fillings cost more?
Composite 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 place incrementally, and each stage must be cured. Therefore, it often takes more time and skill to [place a composite restoration.

Will my insurance cover tooth colored fillings?
Every patient's insurance plan is different. While some plans pay for composite fillings regardless of their location in the mouth, most dental plans define which teeth are eligible for additional reimbursement. Some plans pay higher composite fees only from cuspid to cuspid. There is even a plan that will only pay for amalgam on front teeth!

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 of the plan will 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 you with an estimate for the difference in cost. However, it is the patient's responsibility to know their dental benefits.

If you have additional questions regarding the appropriate material for your particular needs after reviewing the information above, please contact our office at (949) 951-1067.

x _____

Signature of patient (or parent/guardian if minor) Date

Patient Acknowledgment of Receipt of Dental Materials Fact Sheet

I, _____, acknowledge I have received from Hada Family Dental a copy of the Dental Materials Fact Sheet.

x_____
Patient Signature Date

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The following document is the Dental Board of California's Dental Materials Fact Sheet. The Department of Consumer Affairs has no position with respect to the language of this Dental Materials Fact Sheet, and its linkage to the DCA website does not constitute an endorsement of the content of this document.

The Dental Board of California Dental Materials Fact Sheet

As required by Chapter 801, Statutes of 1992, the Dental Board of California has prepared this fact sheet to summarize information on the most frequently used restorative dental materials. Information on this fact sheet is intended to encourage discussion between the patient and dentist regarding the selection of dental materials best suited for the patient's dental needs. It is not intended to be a complete guide to dental materials science.

The most frequently used materials in restorative dentistry are amalgam, composite resin, glass ionomer cement, resin-ionomer cement, porcelain (ceramic), porcelain (fused-to-metal), fold alloys (noble) and nickel or cobalt-chrome (base metal) alloys. Each material has its own advantages and disadvantages, benefits and risks. These and other relevant factors are compared in the attached matrix called Comparisons of Restorative Dental Materials. A "Glossary of Terms" is also attached to assist the reader in understanding the terms used.

The statements made are supported by relevant, credible dental research published mainly between 1993-2001. In some cases, where contemporary research is sparse, we have indicated our best perceptions based upon information that predates 1993.

The reader should be aware that the outcome of dental treatment or durability of a restoration is not solely a function of the material from which the restoration was made.

The durability of any restoration is influenced by the dentist's technique when placing the restoration, the ancillary materials used in the procedure, and the patient's cooperation during the procedure. Following restoration of the teeth, the longevity of the restoration will be strongly influenced by the patient's compliance with dental hygiene and home care, their diet and chewing habits.