

PHILIP K. BROWN, D.D.S.  
PANTHER CREEK FAMILY DENTISTRY

SUITE B265  
4775 WEST PANTHER CREEK DRIVE  
THE WOODLANDS, TEXAS 77381  
TELEPHONE (281) 419-2405  
FAX (281) 419-2407

**ASSIGNMENT AND RELEASE**

I certify that I, and/or my dependent(s), have insurance coverage with the following named insurance company, \_\_\_\_\_, and assign directly to Dr. Philip K. Brown, DDS all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

The above-named dentist may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when the patient/dentist relationship is terminated by either party.

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Signature of Patient, Parent, Guardian or Personal Representative

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Please print name of Patient, Parent, Guardian or Personal Representative

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Date

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Relationship to Patient