

Philip K. Brown, D.D.S.
Panther Creek Family Dentistry
4775 W. Panther Creek Drive
Suite B265
The Woodlands, TX 77381

Welcome to our office.

Thank you for choosing us as your dental care provider. We look forward to providing you and your family with personalized high-quality dentistry in a relaxed and comfortable atmosphere. We believe that every good relationship starts with understanding and communication. The following policies are intended to promote a better understanding of our financial policy and to develop a comfortable relationship between patient and doctor.

Payment Options:

MasterCard, Visa, American Express and Discover
Personal Checks
Cash

CareCredit: This company offers payment plans with low monthly payments and no-interest options. This allows you to complete your dental treatment without delay.

Dental Insurance:

Dental insurance helps pay some of your dental expenses depending on your policy and the premium paid by your employer. We are committed to helping our patients realize their maximum insurance benefits. Because your dental coverage is a contract between your employer and the insurance company, our office cannot guarantee estimated coverage. Patients will always be responsible for all fees should their insurance benefits result in less coverage than anticipated.

Initial _____

We gladly process dental insurance claims for our patients. In turn, our office asks that patient pay the estimated portion due when services are rendered.

Initial _____

Appointment Tardiness:

Our office makes every effort to start patient treatment at the patients appointed time. To assist us, we ask that patients come on, or even a few minutes before, their scheduled appointment time. If unable to be on time for an appointment, please give our office a courtesy call. Patients who arrive 15 minutes after their scheduled appointment time may be asked to reschedule their appointment.

Initial _____

Cancellations:

An appointment is an agreement between our office and you. Our part calls for us to reserve office time for you. If you must reschedule an appointment, please call the office 24 hours prior to appointment time. A \$50 charge will be assessed to patients who chronically cancel their appointments.

Initial _____

I understand the above office policies and agree to comply to all the terms. I assign my dental insurance benefits to Dr. Philip K. Brown and authorize release of any information necessary for the processing of my claim.

*Signature of patient or
guardian*

Date