



- 1220 Oak Park Dr., Fort Collins, CO 80525 ~ Phone (970) 223-8687 ~ Fax (970) 225-1574
 - 383 W. Drake Rd, #103, Fort Collins, CO 80526 ~ Phone (970) 377-2500 ~ Fax (970) 207-1971
 - 1122 9th St., #101, Greeley, CO 80631 ~ Phone (970) 353-5203 ~ Fax (970) 353-9441
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EXPRESS CHECK-OUT

Making your Dental Experience Faster and Easier!

Toothzone is now offering easy and convenient payment options for you, designed to save you and your children valuable time and the hassle of waiting in line.

Here is how EXPRESS CHECK-OUT works!

At your child's routine cleaning and exam appointments, we will discuss and/or schedule any dental treatment that may need to be done. At that time, you may choose from a variety of payment options, which will be taken care of automatically at these future visits. When your child is finished, you are done and out the door! No more waiting in line.

The Advantages of EXPRESS CHECK-OUT

You will save:

- Valuable time.
- The trouble of writing and mailing checks.
- The hassle of watching for statements and monitoring your balance.
- The inconvenience of coordinating your payments with insurance payments.
- And *older kids* can bring themselves to the dentist!

EXPRESS CHECK-OUT Payment Options

- **Pre-payment** by cash, check, debit or credit card. (No post-dated checks please).
- **Express Pay/Place your debit or credit card on file with us.** Your credit or debit card will be charged for your estimated portion on the day of service, then if any balance remains after your insurance payment is received. We will ask you to update this process upon the expiration date of your credit or debit card.

Our up to the minute technology allows us to efficiently and accurately track your payments, making life much easier and simpler for you and your family. To sign up today, complete the EXPRESS PAY AUTHORIZATION FORM in this packet.

As always, please do not hesitate to call if you have any questions at (970) 223-8687.



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EXPRESS PAY AUTHORIZATION FORM

I hereby authorize *W. Kent Obermann, DDS, MS*, to keep my signature on file and to charge my credit/debit card selected below for the following:

1. All visits from _____ to _____
(Month - Day - Year) (Month - Day - Year)

2. Charges for the following family members: (Include first and last names)

- _____
- _____
- _____
- _____
- _____

Mark One: ___ Visa ___ MasterCard ___ American Express ___ Discover

Cardholder's Name: _____

Circle One: Credit / Debit Card Card Number: _____

Expiration Date: _____

I understand this form is valid unless I cancel this authorization through written or verbal notice to ToothZone.

Cardholder Signature: _____ Date: _____

**WE CANNOT CALL CLIENTS PRIOR TO CHARGING/DEBITING YOUR CARD.
Please call anytime if you have questions.**