

Limoli and Associates
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Arlington, TN 38002-0899



Eliminating Fraud and Embezzlement in the Dental Office

Mail or fax:
Limoli and Associates
PO Box 899
Arlington, TN 38002-0899
1-800-344-2633
www.LIMOLI.com

**Make checks to
Limoli and Associates.
Payment must accompany all orders.**

Wonder why your collection percentage is lower than it should be?
Do you have a team member with too much control over your checkbook?
Would you like to take steps to protect your practice from embezzlement and insurance fraud?

The November 2005 issue of the ADA Community Brief states that 35% of dental offices have been embezzled from. In other words, that is one out of three dental practices. If you think it can never happen to you, think again.

The best dental and accounting software, by itself, cannot protect you from employee embezzlement and/or fraud. Only when the right systems are used in the right way are you assured of security in your practice.

Fraud and Embezzlement Analysis Includes:

- A detailed study of your practice's audit trail and write-off reports
- Cross-referencing of patient records in question.
- Investigation to include but not limited to bank account transactions and dental software ledgers.
- A comprehensive action plan of security measures to be implemented and suggestions for eliminating any present problems.
- Two, one-hour, phone conferences. The first, a fact finding interview to gather information. The second one-hour phone conference will be a follow-up to cover your action plan.

Additional follow-up sessions and investigative assistance is available and will be designed to fit your individualized practice needs. **Get started today by calling us at 800-344-2633 or mail to above address. Starting at \$ 995.00**

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

Signature: _____ Email Address (Optional): _____

(Your email address will not be shared with others. See our privacy and refund policy at www.LIMOLI.com.)

Method of Payment: **Check#** _____ **VISA** **MASTERCARD** **DISCOVER** **AMEX**

Acct. No.: _____ Exp. Date: _____

CVV2 number: _____ (3digits after card number on signature strip (VISA/MC) 4 digits on AMEX, upper right, front of card.)

Billing address of card (If different from shipping): _____