



**Limoli and Associates**  
**Atlanta Dental Consultants, Inc.**

PO Box 899 Arlington, Tennessee 38002-0899

PO Box 420947 Atlanta, Georgia 30342-0947

(800) 344-2633 phone & fax  
www.LIMOLI.com

**Over the past quarter-century Limoli and Associates / Atlanta Dental Consultants has assisted dental offices in streamlining the reimbursement process. Our no-nonsense approach to the management of third-party reimbursement has been implemented in thousands of dental practices across the country.**

## Become a Client!

### **New Client Status - \$639**

Why not add a consultant to your team who can balance your fee schedule, answer your coding questions and keep you informed of current reimbursement trends?

Your new client status includes all of our critical components. They are:

- **2 Coding and Claim Submission** Manuals
- Comprehensive Fee review
- 1 year subscription to **Dental Insurance Today** newsletter
- **Fee-For-Service Dentistry with a Managed-Care Component** textbook
- 30 minutes phone support

**Tom M. Limoli, Jr.**  
Biography



**Tom Limoli, Jr.** is the prevailing expert on proper coding and administration of dental insurance benefit claims. He serves as president of Limoli and Associates/Atlanta Dental Consultants, Inc., a company that over the past quarter century has assisted dental offices in streamlining the insurance reimbursement process. Mr. Limoli's no-nonsense approach to the management of third-party reimbursement has been implemented in thousands of dental practices across the country.

Mr. Limoli received his Bachelor of Science in Criminal Justice from Valdosta State University. Following his work with the U.S. Treasury Department's Federal Law Enforcement Training Center, Mr. Limoli has actively investigated fraudulent claims for the insurance industry, as well as numerous other third-party fiduciaries. He is a licensed private investigator and a member of the American Association of Dental Consultants, the National Speakers Association, the National Health Care Anti-Fraud Association, and the past president of the Academy of Dental Management Consultants.

Mr. Limoli is the editor of *Dental Insurance Today*, a monthly publication that addresses third-party reimbursement in the dental office. He is the author of *Dental Insurance and Reimbursement Coding and Claim Submission*, and co-author of *Fee-for-Service Dentistry With a Managed-Care Component*.



**Mastering the New Codes TeleSeminar Package - \$295**

**Includes:**

The 2009-2010 edition of Limoli's **Coding and Claim Submission** manual (described on page 2), seminar workbook, in electronic PDF format, with a complete outline of the TeleSeminar, and five, 60-minute educational TeleSeminars on CD covering the new codes, taught by Tom Limoli



**Fee-For-Service Dentistry With A Managed-Care Component textbook - \$25**

**Stop Telling Patients About Their Dental Insurance! It's Not Your Plan!**



For over a decade this text continues to be the benchmark for streamlining and simplifying the reimbursement process. Both clinical and administrative issues are addressed from the perspective of overall accountability, as well as profitability.

In a perfect world every dentist will have a 100% fee-for-service practice, all patients will pay cash at the time of service and the appointment book will never be empty. **Fee-For-Service Dentistry With A Managed-Care Component** has taken the political and emotional complications out of the ever changing and evolving system of market driven health care.

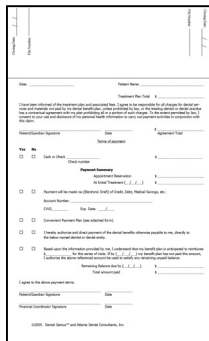
This 306 page text teaches the administrative team to manage multiple reimbursement systems while freeing the clinical team to deliver only the utmost level of quality dental care.

**Dental Insurance Today newsletter (1 year) - \$89**

Since 1988 Limoli's *Dental Insurance Today* newsletter has been assisting dental office teams simplify the processing and administration of your patients' dental benefit plan. Simplified administration provides greater financial profit as well as less cumbersome patient centered care.



**The Financial Agreement System Starter Kit - \$189**



Are you tired on not getting paid? The solution to your payment problems has arrived!

As dental professionals, getting reimbursement through your third-party payer - or your patient - can be a nightmare. If the patient's confusion (regarding their financial responsibility or their plan) is keeping you from the collection percentages you crave...**The Financial Agreement System** is for you!

**Now**, you'll be able to "Take it to The Bank" with our convenient forms, handbook and TeleForum series. **The Financial Agreement System** is designed to give you the tools, skills and training needed to end your financial coordination troubles **once and for all**.

**Includes:**

- The Financial Agreement System forms on CD—with bonus pediatric version and combined adult/pediatric version. Formatted on both legal and letter size versions that are printable on your office printer.
- 40 page instruction manual with working examples and verbal skills
- 2 hours of audio training.

## **We have a variety of Consultation Packages available to meet your individual needs**

For many specific situations, individualized consultation, training and support is the most cost effective means of making your practice goals a working reality. By scheduling a customized educational program(s) for your office we are able to provide direct solutions to your office's individual issues.

### **PPO Plan Participation Analysis and Action Plan - Starting at \$775**

Participatory benefit plans are nothing new. For some dental offices PPO's and other managed care derivatives is a practice life saver— for others they are a nightmare. A consistent influx of new patients complimented with direct payment from the plan administrator can keep the doctor's appointment book, hygiene schedule and subsequent bank deposit predictable — provided you and your team do their part.

#### **Includes:**

- Customized Comprehensive Fee Schedule Analysis: enables you to clearly see how and where your individual fees compare to those actually being charged in your neighborhood.
- Practice Analysis and evaluation of services performed to determine your market share potential.
- Time utilization will be accessed to see what your open chair time is costing you.
- Our textbook, ***Fee-For-Service Dentistry with a Managed-Care Component***, is included as your action plan guide and reference.
- One-hour individualized telephone consultation to help implement your success strategy.

### **Effective Documenting, Coding and Billing in the Dental Practice - Starting at \$625**

Accurate coding begins and ends in the clinical operatory— not the front desk. From the patient's first diagnostic radiograph to the successful conclusion of their evaluation visit — appropriate coding is one of the critical keys to successful and stress free reimbursement.

#### **Includes:**

- A documentation process created to build upon your existing administrative and clinical systems.
- Customized course of action will be designed based on the results of the analysis.
- ***Coding and Claim Submission*** manual
- Two, 45 minute phone consultations to discuss and facilitate your action plan.

### **Eliminating Fraud and Embezzlement in the Dental Office - Starting at \$995**

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.

#### **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.

### **Single Encounter—1 Hour session. - \$250**

Additional increments available to suit you needs.

#### **Includes:**

- Client specific issues involving your questions and answers. Includes limited follow up.
- Action plan list development
- 2 individual 10 minute follow-up support calls



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<b>New Client Status</b> .....	<b>\$599</b> _____
<b>Comprehensive Fee Schedule Review</b> .....	<b>\$325</b> _____
<b>Coding and Claim Submission</b> Manual for 2009 / 2010 with current CDT codes .....	<b>\$125</b> _____
<b>Mastering the New Codes</b> TeleSeminar Package .....	<b>\$295</b> _____
<b>Fee-For-Service Dentistry With A Managed-Care Component</b> textbook.....	<b>\$25</b> _____
<b>Dental Insurance Today</b> newsletter (1 year) .....	<b>\$89</b> _____
<b>The Financial Agreement System</b> (*additional \$12.95 shipping).....	<b>\$189*</b> _____
<b>PPO Plan Participation Analysis and Action Plan</b> .....	<b>Starting at \$775</b>
<b>Effective Documenting, Coding and Billing in the Dental Practice</b> .....	<b>Starting at \$625</b>
<b>Eliminating Fraud and Embezzlement in the Dental Office</b> .....	<b>Starting at \$995</b>
<b>Single Encounter—1 Hour session</b> .....	<b>\$250</b> _____

**Atlanta Dental Consultants, Inc.**  
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PO Box 899  
Arlington, TN 38002-0899  
(800) 344-2633  
(901)-867-1711(DirectFAX)

**Subtotal:** \_\_\_\_\_  
**7% Tax (GA residents)** \_\_\_\_\_  
**Shipping: (\$5.00)** \_\_\_\_\_  
**\*( \$12.95 FAS)** \_\_\_\_\_  
**Total Amount:** \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Method of Payment: Check# \_\_\_\_\_ VISA MASTERCARD DISCOVER AMEX

Acct. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

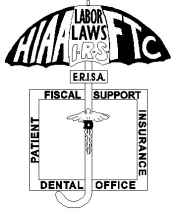
CVV2 number: \_\_\_\_\_ (3digits after card number on signature strip (VISA/MC) 4 digits on AMEX, upper right, front of card.)

Signature: \_\_\_\_\_

Billing address of card (if different from above) \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

(Your email address will not be given or sold to other companies. See our privacy policy at www.limoli.com.) Make checks payable to Atlanta Dental Consultants, Inc. Check or credit card number must accompany all orders. Georgia residents add 7% state tax. Prices subject to change without notice. All sales final. Refunds will only be generated in the form of credit for additional products and services less a 15% restocking fee.



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**Confidentiality Statement**  
**(Required for Comprehensive Fee Review.)**

This Confidentiality Agreement must be signed before we can evaluate your fee schedule(s). In addition to restricting the use and disclosure of our proprietary and confidential business information, this agreement is both a reminder and a commitment not to use the information that we provide in any manner that would violate federal or state antitrust laws.

I/We, the undersigned, acknowledge that the information provided by Atlanta Dental Consultants, Inc. ("ADC") in response to this request is the property of ADC, and is provided for my/our personal office use only. I/We agree not to disclose it to any other person, and further agree not to reproduce or transmit any part of it in any form or by any means, including photocopying, facsimile transmission or entry into any electronic information storage and retrieval system. I/We also agree that the information will not be discussed with any other dentist or dentist's representative, and will not otherwise be used in any manner that could violate federal or state antitrust laws.

Name of Requesting Individual, Group Practice, or Corporate Entity (please provide a list of office locations and dentists you represent)

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Dr. \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Dr. \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

If requester is a business entity employing or otherwise representing dentists, please sign here. Your signature affirms that you are authorized to sign this agreement on behalf of your organization and each person who will have access to the information provided to you by ADC.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Title: \_\_\_\_\_

**Please Note:** We ask that you submit your entire, unrestricted fee schedule. This form must be signed before your review can be completed. Any information furnished will be used as collective statistical data only and will never be singularly identified. If you have any questions, please call our office.