

# MEDICAL LABELS

HMO/PPO

MINI LABELS

ATTENTION

ATTENTION

WRAPS

CONFIDENTIAL

For Authorized  
Personnel Only

HIPPA

ALLERGIC TO:

- CODEINE
- SULFA
- PENICILLIN

ALLERGY

NAME ALERT

Two patients  
with same name

ALERT

DIABETIC

CHART

LIVING  
WILL

ADVANCE  
DIRECTIVE

BC/BS

INSURANCE  
PROVIDERS

CO-PAY

INSURANCE

Just a friendly  
reminder  
that your account is  
overdue. Won't you please  
mail your remittance?

BILLING &  
COLLECTION

Designed  
to *Stand  
Out*

# MINI LABELS

Select from a collection of the most popular small size labels. These labels take up less chart space, but provide a BIG message impact. All labels packaged in self-dispensing boxes.

## CO-PAY

A UL308 Fl. Pink  
1-1/4" x 5/16" 500/BOX

## LIVING WILL

A MAP227 Fl. Pink  
1-1/4" x 5/16" 500/BOX

## MEDICAID

A MAP120 Fl. Pink  
1-1/4" x 5/16" 500/BOX

## PERSONAL INJURY

A MAP543 Fl. Pink  
1-1/4" x 5/16" 500/BOX

PRECERT#  
DATE

A MAP625 Fl. Pink  
1-1/4" x 5/16" 500/BOX

Thank you for  
your recent payment.

A MAP436 Fl. Pink  
1-1/4" x 5/16" 500/BOX

## PREMEDICATE

A MAP344 Fl. Pink  
1-1/4" x 5/16" 500/BOX

## REFERRAL NEEDED

A MAP161 Fl. Pink  
1-1/4" x 5/16" 500/BOX

## Rh NEGATIVE

A MAP511 Fl. Pink  
1-1/4" x 5/16" 500/BOX

## SMOKER

A MAP186 Fl. Pink  
1-1/4" x 5/16" 500/BOX

## ATTENTION

A MAP348 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

COLLECTION AGENCY  
Date

A MAP305 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

## COUMADIN PATIENT

A MAP228 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

## HYPERTENSION

A MAP347 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

## SECONDARY INSURANCE

A MAP124 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

## AUTO

A MAP126 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

## Full Amount Due

A MAP439 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

## CIGNA

A MAP546 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

## NAME ALERT

A MAP345 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

## PACEMAKER

A MAP229 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

## ADVANCE DIRECTIVE

A UL365 Fl. Green  
1-1/4" x 5/16" 500/BOX

## DIABETIC

A MAP226 Fl. Green  
1-1/4" x 5/16" 500/BOX

## HEPATITIS

A MAP610 Fl. Green  
1-1/4" x 5/16" 500/BOX

## NO INSURANCE

A MAP286 Fl. Green  
1-1/4" x 5/16" 500/BOX

## NO REFERRAL NEEDED

A A1023 Fl. Green  
1-1/4" x 5/16" 500/BOX

## PPO

A MAP112 Fl. Green  
1-1/4" x 5/16" 500/BOX

## SELF PAY

A MAP123 Fl. Green  
1-1/4" x 5/16" 500/BOX

## SIGNATURE ON FILE

A MAP538 Fl. Green  
1-1/4" x 5/16" 500/BOX

## WORKERS' COMP.

A MAP121 Fl. Green  
1-1/4" x 5/16" 500/BOX

## PRIVATE

A MAP542 Fl. Green  
1-1/4" x 5/16" 500/BOX

## REFERRAL ATTACHED

A MAP547 Fl. Green  
1-1/4" x 5/16" 500/BOX

## HMO/PPO

A UL325 White/Red  
1-1/4" x 5/16" 500/BOX

## BC/BS

A MAP127 Lt. Blue  
1-1/4" x 5/16" 500/BOX

## BLUE CROSS

A MAP536 Lt. Blue  
1-1/4" x 5/16" 500/BOX

## BLUE SHIELD

A MAP537 Lt. Blue  
1-1/4" x 5/16" 500/BOX

## CAPITATION

A MAP302 Lt. Blue  
1-1/4" x 5/16" 500/BOX

## NO KNOWN ALLERGIES

A MAP506 Lt. Blue  
1-1/4" x 5/16" 500/BOX

## Small Balance Due

A MAP437 Lt. Blue  
1-1/4" x 5/16" 500/BOX

## ADVANCE DIRECTIVE

A MAP346 Fl. Orange  
1-1/4" x 5/16" 500/BOX

## DECEASED

A MAP199 Fl. Orange  
1-1/4" x 5/16" 500/BOX

## HMO

Do you have authorization?

A MAP540 Fl. Orange  
1-1/4" x 5/16" 500/BOX

## MEDICARE

A MAP113 Fl. Orange  
1-1/4" x 5/16" 500/BOX

## WRITTEN OFF TO BAD DEBT

A MAP306 Fl. Red  
1-1/4" x 5/16" 500/BOX

## MEDI-CAL

A MAP539 Fl. Red  
1-1/4" x 5/16" 500/BOX

## ALLERGIC TO:

A UL439 Fl. Red  
1-1/4" x 5/16" 500/BOX

## ALLERGIC TO PENICILLIN

A MAP507 Fl. Red  
1-1/4" x 5/16" 500/BOX

## CASH ONLY

A MAP541 Fl. Red  
1-1/4" x 5/16" 500/BOX

## CO-PAY

A MAP122 Fl. Red  
1-1/4" x 5/16" 500/BOX

## DECEASED

A UL368 Fl. Red  
1-1/4" x 5/16" 500/BOX

## HEART CONDITION

A MAP187 Fl. Red  
1-1/4" x 5/16" 500/BOX

## HMO

A MAP191 Fl. Red  
1-1/4" x 5/16" 500/BOX

## INSURANCE

A MAP119 Fl. Red  
1-1/4" x 5/16" 500/BOX

## AETNA

A MAP128 Fl. Red  
1-1/4" x 5/16" 500/BOX

## MEDICAL ALERT

A MAP164 Fl. Red  
1-1/4" x 5/16" 500/BOX

## MEDIGAP

A MAP293 Fl. Red  
1-1/4" x 5/16" 500/BOX

## NAME ALERT

A UL366 Fl. Red  
1-1/4" x 5/16" 500/BOX

## STAT

A MAP343 Fl. Red  
1-1/4" x 5/16" 500/BOX



QH MAP3300 White/Red  
3-1/4" x 1-3/4" 250/BOX



QH MAP6440 White/Red  
3-1/4" x 1-3/4" 250/BOX



QH MAP3310 White/Red  
3-1/4" x 1-3/4" 250/BOX

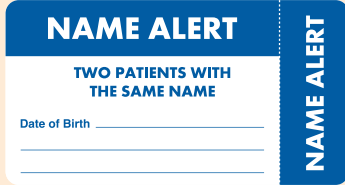
# WRAPS

Labels wrap-around folder edges alerting staff to important information. Patients' conditions are clearly visible with charts opened or closed. All labels packaged in self-dispensing boxes.

NOT SHOWN ACTUAL SIZE



QH MAP3150 White/Blue  
3-1/4" x 1-3/4" 250/BOX



QH MAP3100 White/Blue  
3-1/4" x 1-3/4" 250/BOX



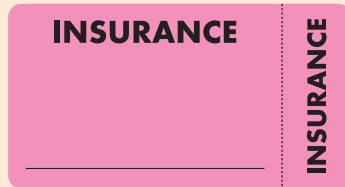
QH MAP5190 White/Blue  
3-1/4" x 1-3/4" 250/BOX



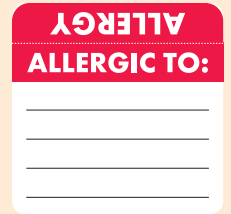
QH MAP5200 White/Green  
3-1/4" x 1-3/4" 250/BOX



QH MAP6410 Fl. Red  
3-1/4" x 1-3/4" 250/BOX



QH MAP5210 Fl. Pink  
3-1/4" x 1-3/4" 250/BOX



S MAP3330 White/Red  
2" x 2" 250/BOX



J MAP3120 Red/Black  
3" x 1" 250/BOX



J MAP6460 Fl. Red  
3" x 1" 250/BOX



J MAP6450 Fl. Red  
3" x 1" 250/BOX



S MAP3340 White/Red  
2" x 2" 250/BOX



J MAP3160 White/Blue  
3" x 1" 250/BOX



J MAP3110 White/Blue  
3" x 1" 250/BOX



J MAP6430 White/Red  
3" x 1" 250/BOX



J MAP6270 White/Red  
3" x 1" 250/BOX



J MAP6420 Fl. Pink  
3" x 1" 250/BOX



J MAP3090 Fl. Pink  
3" x 1" 250/BOX



J A1012 Lt. Blue  
3" x 1" 250/BOX



J MAP6480 Lt. Blue  
3" x 1" 250/BOX



J MAP3140 Fl. Orange  
3" x 1" 250/BOX



J MAP3080 Fl. Orange  
3" x 1" 250/BOX



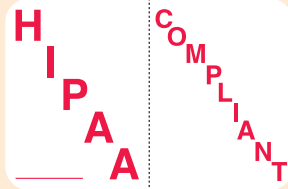
J MAP5220 Fl. Chartreuse  
3" x 1" 250/BOX



J MAP6470 Fl. Chartreuse  
3" x 1" 250/BOX

# HIPAA

Bright, eye catching colors highlight your commitment to privacy and confidentiality to staff and patients. Pressure sensitive labels document your compliance efforts. All labels packaged in self-dispensing boxes.



**H** A1010 White/Red  
1-1/2" x 1" 250/BOX

**CONFIDENTIAL**  
*For Authorized Personnel Only*

**V** MAP253 Red/White 4" x 2-1/2" 100/BOX

**CONFIDENTIAL**  
*For Authorized Personnel Only*

**M** MAP251 Red/White 6-1/2" x 1" 100/BOX

**Confidential: PROTECTED HEALTH INFORMATION**  
**Authorized Personnel Only**

**L** A1011 Red/White 5-1/2" x 1" 100/BOX

**CONFIDENTIAL**  
*For Authorized Personnel Only*

**SX** MAP254 Red/White  
2" x 2" 500/BOX

**CONFIDENTIAL**  
*For Authorized Personnel Only*

ACTUAL SIZE  
NOT SHOWN

**M** A1019 White/Red 6-1/2" x 1" 100/BOX

**AUTHORIZATIONS ON FILE**

APPROVED BY

DATE

**QH** MAP6880 White/Red 3-1/4" x 1-3/4" 250/BOX

**DO NOT  
RELEASE**

**I** A1006 Red/Black 2" x 1" 500/BOX

**CONFIDENTIAL**  
**For Authorized  
Personnel**

**I** A1007 Red/Black 2" x 1" 500/BOX

**HIPAA  
ACKNOWLEDGEMENTS  
ON FILE**

**F** A1000 Fl. Orange 2-1/4" x 7/8" 420/BOX

**PHI  
RESTRICTIONS  
ON FILE**

**F** A1001 Lt. Blue 2-1/4" x 7/8" 420/BOX

**HIPAA  
SIGNATURE  
ON FILE**

**F** A1002 Fl. Chart. 2-1/4" x 7/8" 420/BOX

**AUTHORIZATIONS  
REVOKED**

**F** A1003 Fl. Pink 2-1/4" x 7/8" 420/BOX

**AUTHORIZATIONS  
ON FILE**

**F** A1004 Fl. Red 2-1/4" x 7/8" 420/BOX

**ORIGINAL  
PLEASE RETURN**

**F** UL806 Fl. Green 2-1/4" x 7/8" 420/BOX

**HIPAA****Patient Record  
Confidential****V** MAP256 Green/White 4" x 2-1/2" 100/BOX**CONFIDENTIAL****DL** MAP2000 Fl. Red  
1-1/2" x 7/8" 250/BOX**CONFIDENTIAL****DL** A1013 Fl. Orange  
1-1/2" x 7/8" 250/BOX**Patient Record  
Confidential****M** MAP252 Green/White 6-1/2" x 1" 100/BOX**Patient  
Record  
Confidential**The privacy and  
security of your  
personal health  
information is  
important to us!**ACTUAL SIZE  
NOT SHOWN****Patient Record  
Confidential****M** A1020 White/Green 6-1/2" x 1" 100/BOX**SX** MAP255 Green/White  
2" x 2" 500/BOX**DH** MAP6860 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX**Do Not Release  
PATIENT RECORD****B** MAP687 Red/White 2-1/2" x 3/4" 300/BOX**HIPAA PRIVACY ALERTS**

\_\_\_\_\_ Acknowledgement of NPP on file  
(date)

\_\_\_\_\_ Restrictions on file  
(date)

\_\_\_\_\_ Confidential communications on file  
(date)

\_\_\_\_\_ Amendments on file  
(date)

**V** A1008 Fl. Green 4" x 2-1/2" 100/BOX**PRIVACY RESTRICTIONS**


- DO NOT PHONE AT HOME
- DO NOT PHONE AT WORK
- SEND ALL MAIL TO ALTERNATE ADDRESS
- RESTRICT INFORMATION TO INDIVIDUALS
- DO NOT LEAVE MESSAGES ON ANSWERING MACHINE
- DO NOT MAIL REMINDER CARDS
- DO NOT CONTACT BY EMAIL
- OTHER PRIVACY REQUEST

**V** A1009 Fl. Orange 4" x 2-1/2" 100/BOX**DO NOT  
DESTROY****J** UL1420 Fl. Red 3" x 1" 250/BOX**Signed  
Acknowledgement  
of Notice of Privacy  
Practices on File****I** A1005 Blue/White 2" x 1" 500/BOX

# ALLERGY

The most important and popular medical label grabs the attention of doctors and staff, informing them of vital patient allergy conditions. All labels packaged in self-dispensing boxes.

**ALLERGIC TO:**



PENICILLIN  
 CODEINE  
 SULFA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


V MAP488 Fl. Red 4" x 2-1/2" 100/BOX



**ALLERGIES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

V MAP486 Fl. Red 4" x 2-1/2" 100/BOX



**ALLERGIES/DRUG REACTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NO KNOWN ALLERGIES

V MAP327 Fl. Red 4" x 2-1/2" 100/BOX  
ACTUAL SIZE NOT SHOWN

**ALLERGY ALERT**

DH MAP4930 Fl. Red 1-1/2" x 7/8" 250/BOX

**ALLERGIC**

E UL019 Fl. Red 1-5/8" x 7/8" 500/BOX

**ALLERGIC TO:**

E UL180 Fl. Red 1-5/8" x 7/8" 500/BOX

**ALLERGIC TO:**

A UL439 Fl. Red 1-1/4" x 5/16" 500/BOX

**ALLERGIC TO:**

PENICILLIN  
 CODEINE  
 SULFA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

QL MAP1550 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

QX ARD1550 Fl. Chartreuse 3-1/4" x 1-3/4" 500/BOX

**ALLERGIC TO:**

PENICILLIN  
 CODEINE  
 SULFA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

QH MAP4900 Fl. Red 3-1/4" x 1-3/4" 250/BOX

**ALLERGIES/DRUG REACTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NO KNOWN ALLERGIES

QL MAP1730 Fl. Pink 3-1/4" x 1-3/4" 250/BOX

**ALLERGIES/DRUG REACTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NO KNOWN ALLERGIES

QH MAP3230 Fl. Red 3-1/4" x 1-3/4" 250/BOX

**ALLERGIES**

LATEX  PENICILLIN  
 DYE  CODEINE  
 TAPE  SULFA  
 OTHER  ERYTHROMYCIN

NO KNOWN ALLERGIES

QH MAP3250 Fl. Red 3-1/4" x 1-3/4" 250/BOX

# ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QL** MAP1630 Fl. Red 3-1/4" x 1-3/4" 250/BOX

**QX** ARD1630 Fl. Red 3-1/4" x 1-3/4" 500/BOX

# ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**T** UL926 Fl. Red  
2-1/2" x 2-1/2" 390/BOX

# ALLERGY

## ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**S** MAP3220 Fl. Red  
2" x 2" 250/BOX

## ALLERGIC TO:

**J** MAP4940 Fl. Orange 3" x 1" 250/BOX

## ALLERGIC TO:

**J** MAP4950 Fl. Pink 3" x 1" 250/BOX

## ALLERGIC TO:

**J** MAP3240 Fl. Red 3" x 1" 250/BOX

### ALLERGIES/DRUG REACTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NO KNOWN ALLERGIES

**S** MAP4870 Fl. Red  
2" x 2" 250/BOX

### ALLERGIC TO:

- PENICILLIN
- CODEINE
- SULFA
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**S** MAP4890 Fl. Red  
2" x 2" 250/BOX

### ALLERGIC TO:

**C** SS16 Fl. Red  
1-7/8" x 3/4" 500/BOX

## ALLERGIC TO:

**B** MAP496 Fl. Orange 2-1/2" x 3/4" 300/BOX

## ALLERGIC TO:

**B** MAP497 Fl. Pink 2-1/2" x 3/4" 300/BOX

## ALLERGIC TO:

**B** MAP326 Fl. Red 2-1/2" x 3/4" 300/BOX

### ALLERGIC TO:

- CODEINE
- SULFA
- PENICILLIN

### ALLERGIC TO:

### ALLERGIC TO:

### ALLERGIC TO:

### ALLERGIC TO:

**DH** MAP4920 Fl. Orange  
1-1/2" x 7/8" 250/BOX

**DH** MAP3320 Fl. Orange  
1-1/2" x 7/8" 250/BOX

**DH** MAP3350 Fl. Pink  
1-1/2" x 7/8" 250/BOX

**DH** MAP3390 Fl. Red  
1-1/2" x 7/8" 250/BOX

**DH** MAP4910 Fl. Chart.  
1-1/2" x 7/8" 250/BOX

## ALLERGIC TO: \_\_\_\_\_

**K** A1039 Fl. Pink 5-1/2" x 1" 240/BOX

### ALLERGIC TO:

**F** UL808 Fl. Red 2-1/4" x 7/8" 420/BOX

# ALLERGY

## ALLERGIC

**ML** MAP167 White/Red 6-1/2" x 1" 100/BOX

### ALLERGIC TO:

ALLERGY

### ALLERGIC TO:

**DL** MAP1000 White/Red  
1-1/2" x 7/8" 250/BOX

**DX** ARD1000 White/Red  
1-1/2" x 7/8" 500/BOX

ALLERGY

### ALLERGIC TO:

**QH** MAP6440 White/Red  
3-1/4" x 1-3/4" 250/BOX

### DRUG ALLERGY:

**DL** MAP2240 White/Red  
1-1/2" x 7/8" 250/BOX

**QH** MAP3300 White/Red  
3-1/4" x 1-3/4" 250/BOX

### ALLERGIC TO

### ALLERGIC TO:

ALLERGY

**J** MAP6430 White/Red 3" x 1" 250/BOX

**B** MAP498 White/Red 2-1/2" x 3/4" 300/BOX

### DRUG SENSITIVITY

### MEDICATION ALLERGY

### ALLERGIC TO:

**J** MAP3290 White/Red 3" x 1" 250/BOX

**QH** MAP5160 White/Red  
3-1/4" x 1-3/4" 250/BOX

**QH** MAP5140 White/Red 3-1/4" x 1-3/4" 250/BOX

ALLERGIC:

**J** MAP3360 White/Red 3" x 1" 250/BOX

ALLERGIC:

**LX** UL927 White/Red 5-1/2" x 1" 175/BOX

ALLERGIC:

**O** ML701 White/Red 5-1/2" x 1-3/8" 200/BOX

ALLERGY

### ALLERGIC TO:

**S** MAP3330 White/Red  
2" x 2" 250/BOX

**ALLERGIES**

Drug \_\_\_\_\_

Food \_\_\_\_\_

Latex \_\_\_\_\_

Other \_\_\_\_\_

**QH** MAP3280 White/Blue 3-1/4" x 1-3/4" 250/BOX

**NO KNOWN ALLERGIES**

**DL** MAP1510 Lt. Blue 1-1/2" x 7/8" 250/BOX

**NO KNOWN ALLERGIES**

**A** MAP506 Lt. Blue 1-1/4" x 5/16" 500/BOX

**NO KNOWN ALLERGIES**

NO KNOWN ALLERGIES

**J** MAP6480 Lt. Blue 3" x 1" 250/BOX

**Allergic To:**

Drug     Latex

Food     Other

**DH** MAP3370 White/Blue 1-1/2" x 7/8" 250/BOX

**Allergic To:**

Drug     Latex

Food     Other

**DH** A1022 White/Black 1-1/2" x 7/8" 250/BOX

**ALLERGIC TO LATEX**

**DH** MAP6260 Red/White 1-1/2" x 7/8" 250/BOX

**NO KNOWN ALLERGIES**

**F** UL810 White/Red 2-1/4" x 7/8" 420/BOX

**ALLERGIC TO: PENICILLIN**

**B** MAP499 Fl. Orange 2-1/2" x 3/4" 300/BOX

**ALLERGIC TO PENICILLIN**

**F** UL809 Fl. Red 2-1/4" x 7/8" 420/BOX

**ALLERGIC TO PENICILLIN**

**A** MAP507 Fl. Red 1-1/4" x 5/16" 500/BOX

**ALLERGIC TO PENICILLIN**

**DH** MAP3380 Red/White 1-1/2" x 7/8" 250/BOX

**MEDICAL ALERT**

**QH** MAP5180 Fl. Red 3-1/4" x 1-3/4" 250/BOX

**MEDICAL ALERT**

**C** A1031 Fl. Red 1-7/8" x 3/4" 500/BOX

**ALERT**

Eye catching labels provide specific medical information concerning patients. Designed to quickly identify and alert doctor and staff to special patient needs.

**MEDICAL ALERT**

**A** MAP164 Fl. Red 1-1/4" x 5/16" 500/BOX

**MEDICAL ALERT**

**E** UL188 Fl. Red 1-5/8" x 7/8" 500/BOX

**MEDICAL ALERT**

**QH** MAP3420 White/Red 3-1/4" x 1-3/4" 250/BOX

**ALERTS**

DIABETIC                       NAME ALERT

HEART CONDITION            IMPLANTS

ON ANTICOAGULANTS         PREMEDICATE

COUMADIN PATIENT          HEARING IMPAIRED

PACEMAKER                     ADVANCE DIRECTIVE

NO EPINEPHRINE             OTHER

MITRAL VALVE PROLAPSE

**QH** MAP3400 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

**MEDICAL ALERT**

MEDICAL ALERT

**J** MAP6270 White/Red 3" x 1" 250/BOX

**MEDICAL ALERT:**

**DL** MAP1600 White/Red 1-1/2" x 7/8" 250/BOX

# ALERT

**NAME ALERT**

D.O.B. \_\_\_\_\_

**QH** MAP3410 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

**NAME ALERT**

Two patients with same name

**NAME ALERT**

**J** MAP6470 Fl. Chartreuse 3" x 1" 250/BOX

**NAME ALERT**

Birthdate \_\_\_\_\_

**DL** MAP1180 Fl. Red 1-1/2" x 7/8" 250/BOX

**NAME ALERT**

Two patients with same name

**DL** MAP1050 Fl. Chartreuse 1-1/2" x 7/8" 250/BOX

**NAME ALERT**

**A** MAP345 Fl. Chart. 1-1/4" x 5/16" 500/BOX

**NAME ALERT**

**A** UL366 Fl. Red 1-1/4" x 5/16" 500/BOX

**NAME ALERT**

Date of Birth \_\_\_\_\_

**Two Patients**

**QH** MAP5150 White/Blue 3-1/4" x 1-3/4" 250/BOX

**NAME ALERT**

TWO PATIENTS WITH THE SAME NAME

Date of Birth \_\_\_\_\_

**NAME ALERT**

**QH** MAP3100 White/Blue 3-1/4" x 1-3/4" 250/BOX

**ALERT**

**ALERT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**QH** MAP3310 White/Red 3-1/4" x 1-3/4" 250/BOX

**ATTENTION**

**A** MAP348 Fl. Chartreuse 1-1/4" x 5/16" 500/BOX

**NAME ALERT**

Date of Birth \_\_\_\_\_

**NAME ALERT**

**J** MAP3110 White/Blue 3" x 1" 250/BOX

**ATTENTION**

**ATTENTION**

**QH** MAP5200 Green/White 3-1/4" x 1-3/4" 250/BOX

**ATTENTION:**

**DL** MAP1010 White/Red 1-1/2" x 7/8" 250/BOX

**ALERT**

**ALERT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**S** MAP3340 White/Red 2" x 2" 250/BOX

# CHART

Increase communication and efficiency in your office.  
Quick stick labels relate vital patient information,  
insuring doctors and staff are informed and up to date.

**MISSED APPOINTMENT**

On \_\_\_\_\_

**DH** MAP5030 Fl. Pink 1-1/2" x 7/8" 250/BOX

**PNEUMOVAX**

Date \_\_\_\_\_

Initial \_\_\_\_\_

**DL** MAP1890 White/Black 1-1/2" x 7/8" 250/BOX

**FLU VACCINE**

Date \_\_\_\_\_

**DL** MAP1900 Fl. Green 1-1/2" x 7/8" 250/BOX

**PREGNANT**

**DH** MAP5010 Fl. Pink 1-1/2" x 7/8" 250/BOX

**Spanish**  
is preferred by the patient

**DH** MAP3540 Lt. Blue 1-1/2" x 7/8" 250/BOX

**MINOR**

**DH** MAP3550 Fl. Green 1-1/2" x 7/8" 250/BOX

**Rh NEGATIVE**

**DL** MAP1720 Red/White 1-1/2" x 7/8" 250/BOX

**ASTHMA**

**DH** MAP3520 Fl. Pink 1-1/2" x 7/8" 250/BOX

PREMEDICATE

C A1032 Fl. Red  
1-7/8" x 3/4" 500/BOX

DIABETIC

F UL502 Fl. Pink 2-1/4" x 7/8" 420/BOX

CHART

DIABETIC

DIABETIC

J MAP3120 Red/Black 3" x 1" 250/BOX

PREMEDICATE

A MAP344 Fl. Pink  
1-1/4" x 5/16" 500/BOX

PREMEDICATE

DL MAP2490 Red/White  
1-1/2" x 7/8" 250/BOX

DIABETIC

DH MAP3530 Fl. Pink  
1-1/2" x 7/8" 250/BOX

DIABETIC

A MAP226 Fl. Green  
1-1/4" x 5/16" 500/BOX

DIABETIC

DH A1021 Red/White  
1-1/2" x 7/8" 250/BOX

HEPATITIS

A MAP610 Fl. Green  
1-1/4" x 5/16" 500/BOX

SMOKER

A MAP186 Fl. Pink  
1-1/4" x 5/16" 500/BOX

HYPERTENSION

A MAP347 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

Weight	BP	Temp	Pulse

J MAP3590 Fl. Chartreuse 3" x 1" 250/BOX

NO EPINEPHRINE

C A1034 Fl. Red  
1-7/8" x 3/4" 500/BOX

HEART CONDITION

A MAP187 Fl. Red  
1-1/4" x 5/16" 500/BOX

PACEMAKER

A MAP229 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

COUMADIN PATIENT

COUMADIN PATIENT

J MAP5220 Fl. Chartreuse 3" x 1" 250/BOX

COUMADIN PATIENT

DL MAP1590 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

SEE HEALTH HISTORY

DL MAP2480 Red/White  
1-1/2" x 7/8" 250/BOX

HEALTH HISTORY UPDATE

DH MAP3570 Fl. Green  
1-1/2" x 7/8" 250/BOX

ON ANTI-COAGULANTS

DH MAP3580 Fl. Orange  
1-1/2" x 7/8" 250/BOX

NOTE:

DL MAP1660 White/Red  
1-1/2" x 7/8" 250/BOX

COUMADIN PATIENT

A MAP228 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

STAT

A MAP343 Fl. Red  
1-1/4" x 5/16" 500/BOX

Rh NEGATIVE

A MAP511 Fl. Pink  
1-1/4" x 5/16" 500/BOX

MEDICAL HISTORY UPDATE


QH MAP3600 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

HYPERTENSION

DH MAP5020 Red/White  
1-1/2" x 7/8" 250/BOX

DECEASED

Date \_\_\_\_\_

DH MAP3560 Lt. Blue  
1-1/2" x 7/8" 250/BOX

CAPITATION

DH MAP2980 Lt. Blue  
1-1/2" x 7/8" 250/BOX

TETANUS

Date \_\_\_\_\_

Initial \_\_\_\_\_

DECEASED

A UL368 Fl. Red  
1-1/4" x 5/16" 500/BOX

DECEASED

A MAP199 Fl. Orange  
1-1/4" x 5/16" 500/BOX

CAPITATION

A MAP302 Lt. Blue  
1-1/4" x 5/16" 500/BOX

Referral# \_\_\_\_\_

Expires \_\_\_\_\_ #Visits \_\_\_\_\_

Diagnosis \_\_\_\_\_

1	5	9	13	17
2	6	10	14	18
3	7	11	15	19
4	8	12	16	20

QL MAP2450 Black/White 3-1/4" x 1-3/4" 250/BOX

# CHART

## CHART THINNED ON BY \_\_\_\_\_

**F A1017** Fl. Green 2-1/4" x 7/8" 420/BOX

## CHART REQUIRES THINNING

**F A1018** Fl. Green 2-1/4" x 7/8" 420/BOX

## CHART INACTIVATED

- Moved/Unable to Contact
- Transferred to Another Doctor
- Non-Payment
- Missed Appointments
- No Response to Scheduling Attempts
- Patient Deceased
- Other \_\_\_\_\_

## URINALYSIS

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Glucose \_\_\_\_\_ pH \_\_\_\_\_

Bili \_\_\_\_\_ Protein \_\_\_\_\_

Ketone \_\_\_\_\_ Urobili \_\_\_\_\_

Sp. Gr. \_\_\_\_\_ Nitrate \_\_\_\_\_

Blood \_\_\_\_\_ Leuko \_\_\_\_\_

**QH MAP3510** White/Black 3-1/4" x 1-3/4" 250/BOX

## PATIENT INFORMED OF RESULTS

Date \_\_\_\_\_ By \_\_\_\_\_

Comments \_\_\_\_\_

## PRIMARY CARE PHYSICIAN:

**QL MAP1540** White/Black 3-1/4" x 1-3/4" 250/BOX

Dr. \_\_\_\_\_

**J MAP2220** Fl. Chartreuse 3" x 1" 250/BOX

**QH MAP2360** Fl. Pink 3-1/4" x 1-3/4" 250/BOX

# ADVANCE DIRECTIVE

This series is the second most important and popular. Use this label everywhere to know your patients' wishes at a glance. All labels packaged in self-dispensing boxes.

## ADVANCE DIRECTIVE

**A UL365** Fl. Green 1-1/4" x 5/16" 500/BOX

## ADVANCE DIRECTIVE

\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**F UL588** Fl. Green 2-1/4" x 7/8" 420/BOX

# ADVANCE DIRECTIVE

Living Will \_\_\_\_\_

Health Care Proxy \_\_\_\_\_

Durable Power of Attorney \_\_\_\_\_

for Health Care \_\_\_\_\_

Other \_\_\_\_\_

**T UL851** Fl. Green 2-1/2" x 2-1/2" 390/BOX

## ADVANCE DIRECTIVE

Living Will \_\_\_\_\_

Health Care Proxy \_\_\_\_\_

Durable Power of Attorney for Health Care \_\_\_\_\_

Other \_\_\_\_\_

**QH MAP3500** Fl. Orange 3-1/4" x 1-3/4" 250/BOX

## ADVANCE DIRECTIVES

\_\_\_\_\_ DO NOT RESUSCITATE

\_\_\_\_\_ DURABLE POWER OF ATTORNEY FOR HEALTHCARE

\_\_\_\_\_ LIVING WILL

\_\_\_\_\_ HEALTHCARE PROXY

**T A1016** Fl. Yellow 2-1/2" x 2-1/2" 390/BOX

## LIVING WILL

**DL MAP2440** Red/White 1-1/2" x 7/8" 250/BOX

## ADVANCE DIRECTIVE

**A MAP346** Fl. Orange 1-1/4" x 5/16" 500/BOX

# DNR

**F A1014** Fl. Red 2-1/4" x 7/8" 420/BOX

# DNR

**DL MAP2010** Fl. Orange 1-1/2" x 7/8" 250/BOX

## LIVING WILL

**A MAP227** Fl. Pink 1-1/4" x 5/16" 500/BOX

## LIVING WILL ON FILE

**F UL590** Fl. Orange 2-1/4" x 7/8" 420/BOX

Insurance \_\_\_\_\_  
 Co-Pay \_\_\_\_\_ Deductible \_\_\_\_\_  
 Referral needed \_\_\_\_\_ Double coverage \_\_\_\_\_  
 Prior Approval Required \_\_\_\_\_  
 Medicare \_\_\_\_\_ Medicare Supplement \_\_\_\_\_  
 Workers Comp \_\_\_\_\_ Personal Injury \_\_\_\_\_  
 No Insurance \_\_\_\_\_ Debt Risk \_\_\_\_\_

**QH** MAP2950 Fl. Orange 3-1/4" x 1-3/4" 250/BOX

- Medicare  BC/BS
- Medicaid  HMO
- Self Pay  PPO

**DL** MAP2380 Fl. Chartreuse 1-1/2" x 7/8" 250/BOX

INSURANCE YR. \_\_\_\_\_  
 PRIMARY \_\_\_\_\_  
 SECONDARY \_\_\_\_\_

**DH** MAP2850 Fl. Chartreuse 1-1/2" x 7/8" 250/BOX

INSURANCE VERIFIED  
 Date \_\_\_\_\_  
 Date \_\_\_\_\_  
 Date \_\_\_\_\_

**DH** MAP2960 Fl. Chartreuse 1-1/2" x 7/8" 250/BOX

# INSURANCE

Flags important insurance information and ensures expedient insurance filing. Keep your charts up to date with the constant changes in the insurance field.

INSURANCE

**E** UL007 Fl. Chartreuse 1-5/8" x 7/8" 500/BOX

INSURANCE

**C** A1035 Fl. Red 1-7/8" x 3/4" 500/BOX

- Medicare  Worker Comp.
- Medicaid  Self Pay
- BC/BS  Auto
- United Healthcare  Kaiser
- Aetna  CIGNA
- Other \_\_\_\_\_

**QH** MAP2940 Fl. Chartreuse 3-1/4" x 1-3/4" 250/BOX

## INSURANCE PROVIDER

INSURANCE PROVIDER

### INSURANCE PROVIDER:

**DL** MAP1110 White/Red 1-1/2" x 7/8" 250/BOX

## INSURANCE

**DH** MAP2880 Fl. Red 1-1/2" x 7/8" 250/BOX

## INSURANCE

**DH** MAP2840 Fl. Red 1-1/2" x 7/8" 250/BOX

**QH** MAP5190 Blue/White 3-1/4" x 1-3/4" 250/BOX

# INSURANCE

## INSURANCE

**A** MAP119 Fl. Red 1-1/4" x 5/16" 500/BOX

# INSURANCE

**QH** MAP2830 Fl. Pink 3-1/4" x 1-3/4" 250/BOX

# INSURANCE

INSURANCE

**QH** MAP5210 Fl. Pink 3-1/4" x 1-3/4" 250/BOX

**QL** MAP1570 Fl. Red 3-1/4" x 1-3/4" 250/BOX

## INSURANCE

**DL** MAP1700 Fl. Red 1-1/2" x 7/8" 250/BOX

Insurance \_\_\_\_\_  
 Lab \_\_\_\_\_  
 Radiologist \_\_\_\_\_  
 Co-Pay \_\_\_\_\_

**DL** MAP1100 Fl. Green 1-1/2" x 7/8" 250/BOX

# INSURANCE

INSURANCE

**J** MAP6420 Fl. Pink 3" x 1" 250/BOX

INSURANCE

# INSURANCE

**J** MAP3140 Fl. Orange 3" x 1" 250/BOX

# INSURANCE PROVIDERS

Quickly identify the insurance carrier of your patient with bright bold colors. All labels packaged in self-dispensing boxes.

**SECONDARY INSURANCE**

**A** MAP124 Fl. Chartreuse  
1-1/4" x 5/16" 500/BOX

**MEDI-CAL**

**A** MAP539 Fl. Red  
1-1/4" x 5/16" 500/BOX

**BLUE CROSS**

**A** MAP536 Lt. Blue  
1-1/4" x 5/16" 500/BOX

**BLUE SHIELD**

**A** MAP537 Lt. Blue  
1-1/4" x 5/16" 500/BOX

**BC/BS**

**A** MAP127 Lt. Blue  
1-1/4" x 5/16" 500/BOX

**BLUE CROSS**

**DH** MAP2900 Lt. Blue  
1-1/2" x 7/8" 250/BOX

**BLUE SHIELD**

**DH** A1030 Lt. Blue  
1-1/2" x 7/8" 500/BOX

**BLUE SHIELD**

**DH** MAP5320 Lt. Blue  
1-1/2" x 7/8" 250/BOX

**BC/BS**

**DL** MAP1650 Lt. Blue  
1-1/2" x 7/8" 250/BOX

**MEDICARE**

**MEDICARE**

**J** MAP3080 Fl. Orange 3" x 1" 250/BOX

**MEDIGAP**

**DH** MAP2920 Fl. Red  
1-1/2" x 7/8" 250/BOX

**MEDICAID**

**MEDICAID**

**J** MAP3090 Fl. Pink 3" x 1" 250/BOX

**MEDICARE**

**MEDICARE**

**DH** MAP2910 Fl. Orange  
1-1/2" x 7/8" 250/BOX

**DL** MAP1160 Fl. Orange  
1-1/2" x 7/8" 250/BOX

**MEDIGAP**

**A** MAP293 Fl. Red  
1-1/4" x 5/16" 500/BOX

**MEDICAID**

**MEDICAID**

**DL** MAP1340 Fl. Pink  
1-1/2" x 7/8" 250/BOX

**DH** MAP5240 Fl. Pink  
1-1/2" x 7/8" 250/BOX

**MEDICARE**

**A** MAP113 Fl. Orange  
1-1/4" x 5/16" 500/BOX

**MEDICARE**

**C** A1036 Fl. Red  
1-7/8" x 3/4" 500/BOX

**MEDICAID**

**A** MAP120 Fl. Pink  
1-1/4" x 5/16" 500/BOX

**MEDICARE HMO**

**DH** MAP5260 Lt. Blue  
1-1/2" x 7/8" 250/BOX

**MEDICARE AND INSURANCE**

**DH** MAP5280 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

**PRIVATE**

**DH** MAP2970 Fl. Green  
1-1/2" x 7/8" 250/BOX

**CIGNA**

**DL** MAP1430 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

**AUTO**

**DH** MAP5480 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

**MANAGED CARE**

PRIOR APPROVAL  
REQUIRED

CO-PAY \$ \_\_\_\_\_

**DL** MAP1300 Fl. Pink  
1-1/2" x 7/8" 250/BOX

**PRIVATE**

**A** MAP542 Fl. Green  
1-1/4" x 5/16" 500/BOX

**CIGNA**

**A** MAP546 Fl. Chartreuse  
1-1/4" x 5/16" 500/BOX

**AUTO**

**A** MAP126 Fl. Chartreuse  
1-1/4" x 5/16" 500/BOX

**MANAGED CARE**

**DL** MAP1750 Fl. Red  
1-1/2" x 7/8" 250/BOX

**AETNA**

**AETNA**

**A** MAP128 Fl. Red  
1-1/4" x 5/16" 500/BOX

**UNITED HEALTHCARE**

**DL** MAP2320 Fl. Pink  
1-1/2" x 7/8" 250/BOX

**AETNA US HEALTHCARE**

**DH** MAP2990 Fl. Green  
1-1/2" x 7/8" 250/BOX

**HUMANA**

**DL** MAP2310 Fl. Green  
1-1/2" x 7/8" 250/BOX

**CASH ONLY****DX** UL027 Fl. Red  
1-1/2" x 7/8" 500/BOX**CASH ONLY****A** MAP541 Fl. Red  
1-1/4" x 5/16" 500/BOX**MUST PAY  
EACH VISIT****A** MAP544 Fl. Pink  
1-1/4" x 5/16" 500/BOX**SELF PAY****DL** MAP1320 Fl. Green  
1-1/2" x 7/8" 250/BOX**SELF PAY****A** MAP123 Fl. Green  
1-1/4" x 5/16" 500/BOX**INSURANCE****NO  
INSURANCE****A** MAP286 Fl. Green  
1-1/4" x 5/16" 500/BOX**NO INSURANCE****DH** MAP2870 Fl. Green  
1-1/2" x 7/8" 250/BOX**PPO****A** MAP112 Fl. Green  
1-1/4" x 5/16" 500/BOX**HMO**Must obtain  
prior authorization**HMO****DL** MAP1620 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX**HMO****DL** MAP1030 Fl. Red  
1-1/2" x 7/8" 250/BOX**HMO****DL** A1038 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX**WORKERS'  
COMP.****DL** MAP1690 Fl. Green  
1-1/2" x 7/8" 250/BOX**HMO**

Do you have authorization?

**HMO****A** MAP191 Fl. Red  
1-1/4" x 5/16" 500/BOX**A** MAP540 Fl. Orange  
1-1/4" x 5/16" 500/BOX**HMO/PPO****DL** MAP1040 Fl. Red  
1-1/2" x 7/8" 250/BOX**HMO****HMO****J** MAP6450 Fl. Red 3" x 1" 250/BOX**PPO****DL** MAP1330 Fl. Red  
1-1/2" x 7/8" 250/BOX**WORKER'S COMP.****DH** MAP5310 Fl. Green  
1-1/2" x 7/8" 250/BOX**HMO****E** UL006 White/Red  
1-5/8" x 7/8" 500/BOX**HMO/PPO****A** UL325 White/Red  
1-1/4" x 5/16" 500/BOX**PPO****E** UL004 White/Red  
1-5/8" x 7/8" 500/BOX**WORKERS' COMP.****A** MAP121 Fl. Green  
1-1/4" x 5/16" 500/BOX**PERSONAL  
INJURY****A** MAP543 Fl. Pink  
1-1/4" x 5/16" 500/BOX**PRIOR  
APPROVAL  
REQUIRED****DH** MAP5500 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX**PRIOR APPROVAL  
REQUIRED****A** MAP129 Fl. Pink  
1-1/4" x 5/16" 500/BOX**REFERRAL  
ATTACHED****A** MAP547 Fl. Green  
1-1/4" x 5/16" 500/BOX**SIGNATURE  
ON FILE****A** MAP538 Fl. Green  
1-1/4" x 5/16" 500/BOX**REFERRED BY:**

Date \_\_\_\_\_

**DH** MAP5290 Fl. Orange  
1-1/2" x 7/8" 250/BOX**PRECERTIFICATION  
REQUIRED****DH** MAP5350 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX**REFERRAL  
NEEDED****DL** MAP1170 Fl. Pink  
1-1/2" x 7/8" 250/BOX**REFERRING PHYSICIAN****DH** MAP5340 Fl. Pink  
1-1/2" x 7/8" 250/BOX**NO  
REFERRAL  
NEEDED****DL** MAP1840 Fl. Green  
1-1/2" x 7/8" 250/BOX**REMINDER**Patient needs referrals  
from primary physician**DL** MAP2250 Fl. Green  
1-1/2" x 7/8" 250/BOX**PRAUTHORIZATION  
REQUIRED****REFERRAL  
NEEDED****A** MAP161 Fl. Pink  
1-1/4" x 5/16" 500/BOX**PRECERT#  
DATE****A** MAP625 Fl. Pink  
1-1/4" x 5/16" 500/BOX**NO  
REFERRAL NEEDED****A** A1023 Fl. Green  
1-1/4" x 5/16" 500/BOX**REFERRAL  
EXPIRES:****DH** MAP5490 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX**DL** MAP2330 Fl. Orange  
1-1/2" x 7/8" 250/BOX

# INSURANCE Claim Labels

Brightly colored labels keep your patients

Unless this claim is paid or denied within 30 days we will file a formal written complaint with the Insurance Commissioner.

**C SS41** Fl. Red  
1-7/8" x 3/4" 500/BOX

Documentation to support medical necessity is attached

**DH MAP2780** Fl. Orange  
1-1/2" x 7/8" 250/BOX

## TRACER

PREVIOUSLY SUBMITTED CLAIM

**DH MAP2760** Fl. Red  
1-1/2" x 7/8" 250/BOX

This is not a duplicate claim.  
**Claim is unpaid**  
Please Process!

### RESUBMITTED CLAIM

**DL MAP1470** Fl. Green  
1-1/2" x 7/8" 250/BOX

—SECOND SUBMISSION—  
ORIGINAL CLAIM WAS SENT

ON: \_\_\_\_\_

**DL MAP1450** Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

Submitting for secondary coverage.  
**SEE ATTACHED PLEASE**

**DH MAP2660** Fl. Pink  
1-1/2" x 7/8" 250/BOX

Primary EOB Attached  
 Medicare EOB Attached

**DH MAP7058** Fl. Orange  
1-1/2" x 7/8" 250/BOX

**DOCUMENTATION ATTACHED DO NOT SEPARATE FROM CLAIM**

**DH MAP2650** Fl. Green  
1-1/2" x 7/8" 250/BOX

### PRIMARY EOB ATTACHED

**DL MAP1480** Fl. Green  
1-1/2" x 7/8" 250/BOX

Corrective Claim  
 Resubmitted Claim

**DH MAP7060** Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

**RESUBMISSION:**  
This is not a duplicate billing. This claim has either been denied or never received. Please consider for benefits.

**DH MAP2670** Fl. Pink  
1-1/2" x 7/8" 250/BOX

### MEDICARE EOB ATTACHED

**DH MAP2690** Fl. Orange  
1-1/2" x 7/8" 250/BOX

### INSURANCE:

This office has not received an explanation, payment or denial on this claim. We respectfully request one. Thank you.

**DH MAP2700** Fl. Orange  
1-1/2" x 7/8" 250/BOX

### CORRECTIVE CLAIM

**DL MAP1460** Fl. Pink  
1-1/2" x 7/8" 250/BOX

### RESUBMISSION:

This is not a duplicate billing. This claim has either been denied or never received. Please consider for benefits or instruct if patient owes.

**DH MAP2680** Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

### DOCUMENTATION ATTACHED

**DH MAP2720** Fl. Pink  
1-1/2" x 7/8" 250/BOX

### BE ADVISED...

We report untimely payments to the Insurance Commissioner

**DH MAP2750** Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

Our original claim was never paid or denied. Please process this bill for payment within 15 days or we will file a complaint with the Insurance Commissioner.

**DL MAP1150** Fl. Red  
1-1/2" x 7/8" 250/BOX

### SECOND CLAIM SUBMISSION

Please Process Promptly

**DH MAP2710** Fl. Pink  
1-1/2" x 7/8" 250/BOX

Unless this claim is paid or denied within 45 days of this date, we will file a formal written COMPLAINT with the INSURANCE COMMISSIONER.

Date: \_\_\_\_\_  
**DH MAP2770** Fl. Red  
1-1/2" x 7/8" 250/BOX

### CO-PAY

**A MAP122** Fl. Red  
1-1/4" x 5/16" 500/BOX

### CO-PAY

**A UL308** Fl. Pink  
1-1/4" x 5/16" 500/BOX

ATTENTION OFFICE STAFF:  
**CO-PAY**

\$ \_\_\_\_\_  
Collect at time of visit

**DL MAP1310** Fl. Red  
1-1/2" x 7/8" 250/BOX

ATTENTION OFFICE STAFF:  
**CO-PAY**

\$ \_\_\_\_\_  
Collect at time of visit

**C A1025** Fl. Red  
1-7/8" x 3/4" 500/BOX

ATTENTION OFFICE STAFF:

## CO-PAY

# CO-PAY

ATTENTION OFFICE STAFF:  
**CO-PAY**

\$ \_\_\_\_\_  
Collect at time of visit

**J MAP6460** Fl. Red 3" x 1" 250/BOX

# CO-PAY

**QH MAP6410** Fl. Red  
3-1/4" x 1-3/4" 250/BOX

# CO-PAY

ATTENTION OFFICE STAFF:

## CO-PAY

\$ \_\_\_\_\_  
Collect

**QH MAP3150**  
White/Blue  
3-1/4" x 1-3/4" 250/BOX

# CO-PAY

ATTENTION OFFICE STAFF:  
**CO-PAY**

\$ \_\_\_\_\_  
Collect at time of visit

**J MAP3160** White/Blue 3" x 1" 250/BOX

## CO-PAY

**DH MAP2890** Fl. Orange  
1-1/2" x 7/8" 250/BOX

Attention: Office Staff  
CO-PAY = \$ \_\_\_\_\_  
Collect at time of Visit.

**DL A1024** Fl. Green  
1-1/2" x 7/8" 250/BOX

This statement is for your information. YOUR INSURANCE CLAIM HAS BEEN BILLED.

**DH MAP3730** Lt. Blue  
1-1/2" x 7/8" 250/BOX

YOUR INSURANCE COMPANY HAS PAID ITS SHARE OF YOUR BILL.

This statement is for the amount payable directly by you.

**J MAP4470** Fl. Orange 3" x 1" 250/BOX

# INSURANCE Patient Responsibility

Brightly colored labels keep your patients aware of what they owe after payment from their insurance company.

**We Have Not Been Paid On This Claim Because Your Insurance Company:**

- Sent payment to you
- Applied these charges to your deductible
- Does not cover this service
- Has not yet received the information requested from you
- Terminated your coverage on \_\_\_\_\_
- Other \_\_\_\_\_

Please remit in full or call to arrange a payment

**QL MAP1560** Fl. Chartreuse  
3-1/4" x 1-3/4" 250/BOX

**YOUR BALANCE DUE TO:**

- Your Deductible
  - Non-Covered Services
  - Co-Pay
- \$ \_\_\_\_\_

**DH MAP3720** Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

In order to process your claim

**YOUR INSURANCE COMPANY NEEDS INFORMATION**

Please contact them or send us payment in full immediately

**DL MAP2100** Fl. Green  
1-1/2" x 7/8" 250/BOX

**PLEASE...**

let us know if you have insurance coverage for these services. If not, the balance shown is now due.

**DH MAP3710** Fl. Green  
1-1/2" x 7/8" 250/BOX

**Your balance after Medicare paid is due to:**

- Your deductible (\$100 yearly)
- Non-covered services
- 20% co-payment

you owe \$ \_\_\_\_\_

**Thank You!**

**QH MAP4190**  
Fl. Chartreuse  
3-1/4" x 1-3/4" 250/BOX

**YOUR INSURANCE COMPANY** has paid its share of your bill.

This statement is for the amount payable directly by you.

**QH MAP4200** Fl. Pink 3-1/4" x 1-3/4" 250/BOX

**PATIENT RESPONSIBILITY DUE TO:**

- Deductible
- Non-Covered Services
- Too Many Services in Time Period
- Maximum Benefit Allowed Reached
- Co-Payment

PLEASE REMIT \$ \_\_\_\_\_ AS SOON AS POSSIBLE

**QH MAP4180** Fl. Red 3-1/4" x 1-3/4" 250/BOX

**Statement reflects amount not covered by your insurance. Please pay in full.**

**DH MAP3850** Fl. Red  
1-1/2" x 7/8" 250/BOX

**Your Insurance Co. has not paid this claim because:**

- Deductible Taken
- Noncovered Service
- Insurance Cancelled
- Requested Information Not Received

Please remit payment in full.

**DL MAP2120** Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

Your insurance company states this balance is your responsibility.

Please remit today!

**DL MAP2080** Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

**YOUR INSURANCE CARRIER HAS RECEIVED A COPY OF THIS BILL.**

You will be notified of any balance due, upon receipt of payment from them.

**DH MAP5520** Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

**BALANCE DUE IS NOT COVERED BY INSURANCE**

Please remit payment.

**DH MAP4060** Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

**Insurance payment OVERDUE**  
Please check with your carrier

**DH MAP4090** Fl. Orange  
1-1/2" x 7/8" 250/BOX

This amount is your co-pay.

Please pay at time of service in the future.

**DL MAP2050** Fl. Orange  
1-1/2" x 7/8" 250/BOX

Your Insurance Company has sent *YOU* payment of its share of this bill . . . **YOUR ACCOUNT IS NOW DUE AND PAYABLE.**

**DH MAP4100** Fl. Orange  
1-1/2" x 7/8" 250/BOX

**INSURANCE PENDING**  
\$ \_\_\_\_\_  
**AMOUNT DUE NOW**  
\$ \_\_\_\_\_

**DH MAP3750** Fl. Orange  
1-1/2" x 7/8" 250/BOX

**YOUR INSURANCE COMPANY HAS ALREADY PAID IT'S SHARE OF YOUR BILL.**  
This statement is for the amount you owe.

**DL MAP2200** Fl. Orange  
1-1/2" x 7/8" 250/BOX

**PLEASE HELP**

Your insurance company has not paid. Please call and encourage them to pay today. It is your responsibility to see that they pay on time.

**DL MAP2060** Fl. Green  
1-1/2" x 7/8" 250/BOX

**THESE SERVICES ARE NOT COVERED BY YOUR INSURANCE**

**DH MAP4110** Fl. Green  
1-1/2" x 7/8" 250/BOX

**THIS BALANCE IS YOUR INSURANCE CO-PAY. PLEASE PAY IN FULL.**

**DL MAP2140** Fl. Pink  
1-1/2" x 7/8" 250/BOX

**NO PAYMENT HAS BEEN RECEIVED FROM THE INSURANCE CLAIM WE FILED FOR YOU.**

This amount is now due and payable by you.

**DL MAP2070** Fl. Pink  
1-1/2" x 7/8" 250/BOX

**OUR RECORDS SHOW THAT YOU DO NOT HAVE INSURANCE.**

If there are any changes please contact the office.

**DH MAP5640** Lt. Blue  
1-1/2" x 7/8" 250/BOX

# BILLING & COLLECTION

Labels designed to get noticed for the best collection results. Save staff time by using these to-the-point messages for problem accounts. \*NOT SHOWN ACTUAL SIZE

WRITTEN OFF TO BAD DEBT

A MAP306 Fl. Red  
1-1/4" x 5/16" 500/BOX

COLLECTION AGENCY  
Date \_\_\_\_\_

A MAP305 Fl. Chart.  
1-1/4" x 5/16" 500/BOX

Small Balance Due

A MAP437 Lt. Blue  
1-1/4" x 5/16" 500/BOX

## BAD DEBT

DL MAP1080 Fl. Red  
1-1/2" x 7/8" 250/BOX

## COLLECTION AGENCY

DATE \_\_\_\_\_

DL MAP2180 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

THIS BALANCE MAY BE TRANSFERRED TO YOUR  
 OR   
JUST CALL US

DH MAP4630 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

### PLEASE NOTE

This account is PAST DUE.  
Your prompt attention is courteously requested.




DH MAP4500 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

THANK YOU for your recent payment on your account. We trust you will continue these remittances until the account is paid in full.

DH MAP4210 Fl. Pink  
1-1/2" x 7/8" 250/BOX

IF YOU ARE UNABLE TO PAY IN FULL  
PLEASE SEND A PARTIAL PAYMENT

DL MAP2020 Fl. Pink  
1-1/2" x 7/8" 250/BOX

This balance may be transferred to your  
    
Just call us!

DH MAP4650 Fl. Orange  
1-1/2" x 7/8" 250/BOX

We Accept VISA, MasterCard and American Express.  
Call our office with your card number and we'll be happy to bill your account.

DH MAP4660 Fl. Orange  
1-1/2" x 7/8" 250/BOX

### SECOND NOTICE

This account is past due. Please remit payment today. If payment has been made, please disregard this notice.

DL MAP2170 Fl. Pink  
1-1/2" x 7/8" 250/BOX

In the future please be prepared to pay at the time of service.  
Thank you.

DH MAP3960 Fl. Pink  
1-1/2" x 7/8" 250/BOX

### ACCOUNT OVERDUE!

Please remit payment in full or call for a payment plan.

DL MAP1380 Fl. Pink  
1-1/2" x 7/8" 250/BOX

## Thank You!

DH MAP4300 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

Please call this office to make arrangements to clear up this account.

DL MAP2160 Fl. Orange  
1-1/2" x 7/8" 250/BOX

Just a friendly reminder that your account is overdue. Won't you please mail your remittance?

DH MAP4220 Fl. Green  
1-1/2" x 7/8" 250/BOX

### AMOUNT DUE

\$ \_\_\_\_\_

DH MAP4710 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

### FRIENDLY REMINDER

This account is past due. Your prompt attention is courteously requested.

DH MAP4250 Fl. Orange  
1-1/2" x 7/8" 250/BOX

### PLEASE...

Having to ask a good patient for payment is not a pleasant task; however, your remittance would be greatly appreciated.

DH MAP4280 Fl. Pink  
1-1/2" x 7/8" 250/BOX

### THIS BALANCE IS OVERDUE!




Prompt payment will avoid collection procedures.

DH MAP4490 Fl. Red  
1-1/2" x 7/8" 250/BOX




### WE ACCEPT MAJOR CREDIT CARDS

To pay with your credit card please complete:  
Acct. No. \_\_\_\_\_  
VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ American Ex \_\_\_\_\_ Discover \_\_\_\_\_  
Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

J MAP5790 Fl. Chartreuse 3" x 1" 250/BOX\*

To pay with your credit card please complete:  
 Acct. No. \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  VISA  MasterCard  
 Signature \_\_\_\_\_

J MAP4680 Fl. Chartreuse 3" x 1" 250/BOX\*

To pay with your credit card please complete:  
 Acct. No. \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  VISA  MC  AmEx  
 Signature \_\_\_\_\_

J MAP4670 Fl. Orange 3" x 1" 250/BOX\*

### FINAL NOTICE

This is the last statement that will be sent to you. Unless paid at once, this account will be reported to the CREDIT BUREAU.

J MAP5810 Fl. Orange 3" x 1" 250/BOX\*

### THIS BALANCE IS OVERDUE!

Prompt payment will avoid collection procedures.

J MAP5820 Fl. Green 3" x 1" 250/BOX\*

### IF YOU ARE UNABLE TO PAY IN FULL...

PLEASE SEND PARTIAL PAYMENT

J MAP5800 Fl. Green 3" x 1" 250/BOX\*

### SECOND NOTICE

This account is past due. Please remit payment today. If payment has been made, please disregard this notice.

J MAP4450 Fl. Pink 3" x 1" 250/BOX\*

### FRIENDLY REMINDER

Please check your records. We have not received your payment and a check would be appreciated.

J MAP4440 Fl. Pink 3" x 1" 250/BOX\*

### FINAL NOTICE

Your payment must be received within 10 days  
OR IMMEDIATE ACTION WILL BE TAKEN

J MAP4460 Fl. Red 3" x 1" 250/BOX\*



