

# MEDICAL LABELS

HMO/PPO

MINI LABELS

ATTENTION

ATTENTION

WRAPS

CONFIDENTIAL

For Authorized  
Personnel Only

HIPAA

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

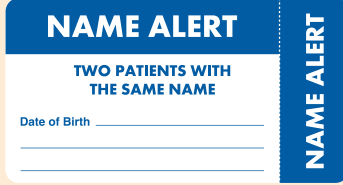
# WRAPS

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



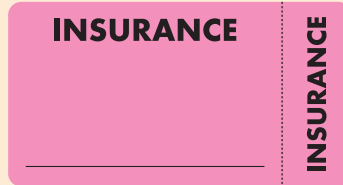
**QH MAP5190** White/Blue  
3-1/4" x 1-3/4" 250/BOX



**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



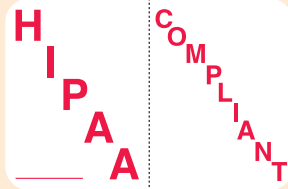
**J MAP5220** Fl. Chartreuse  
3" x 1" 250/BOX



**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

**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

**Do Not Release**  
**PATIENT RECORD**

**B** MAP687 Red/White 2-1/2" x 3/4" 300/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** | **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

## 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

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

## ALLERGIES/DRUG REACTIONS

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NO KNOWN ALLERGIES

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

## ALLERGIES/DRUG REACTIONS

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NO KNOWN ALLERGIES

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



## ALLERGIES/DRUG REACTIONS

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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 TO:

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

## ALLERGIES

- LATEX
  - DYE
  - TAPE
  - OTHER
  - PENICILLIN
  - CODEINE
  - SULFA
  - ERYTHROMYCIN
- NO KNOWN ALLERGIES

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

# ALLERGIES

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**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

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

# ALLERGY

## ALLERGIES

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**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

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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
- 

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

### ALLERGIC TO:

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

### ALLERGIC TO:

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

### ALLERGIC TO:

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

### ALLERGIC TO:

**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

## ALLERGY

### ALLERGIC TO:

ALLERGIC: \_\_\_\_\_

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

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

**ALLERGIES**

Drug \_\_\_\_\_

Food \_\_\_\_\_

Latex \_\_\_\_\_

Other \_\_\_\_\_

**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**

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

NO KNOWN ALLERGIES

**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

**ALERT**

**ALERT**

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

# 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

**MEDICARE**  
MEDICARE

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

**MEDICARE**

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

**MEDICARE**

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

**MEDICARE**

**A** MAP113 Fl. Orange  
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

**MANAGED CARE**  
PRIOR APPROVAL  
REQUIRED  
CO-PAY \$\_\_\_\_\_

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

**MANAGED CARE**

**DH** MAP5330 Fl. Green  
1-1/2" x 7/8" 250/BOX

**AETNA**

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

**AETNA**

**A** MAP128 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

**MEDIGAP**

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

**MEDIGAP**

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

**MEDICARE**

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

**PRIVATE**

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

**PRIVATE**

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

**UNITED HEALTHCARE**

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

**BLUE CROSS**

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

**BC/BS**

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

**MEDICAID**  
MEDICAID

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

**MEDICAID**

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

**MEDICAID**

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

**MEDICAID**

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

**CIGNA**

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

**CIGNA**

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

**AETNA US HEALTHCARE**

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

**AUTO**

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

**AUTO**

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

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

**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

# PREAUTHORIZATION REQUIRED

**DH** MAP5490 Fl. Chartreuse  
1-1/2" x 7/8" 250/BOX

## 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:

**DL** MAP2330 Fl. Orange  
1-1/2" x 7/8" 250/BOX

# INSURANCE Claim Labels

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

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!

**DL MAP1440** Fl. Green  
1-1/2" x 7/8" 250/BOX

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

**ATTENTION OFFICE STAFF: CO-PAY**  
\$ \_\_\_\_\_  
Collect at time of visit

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

**CO-PAY**  
**ATTENTION OFFICE STAFF: CO-PAY**  
\$ \_\_\_\_\_  
Collect at time of visit

**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

u 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.

**DH MAP3690** Fl. Red  
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.

**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\*



