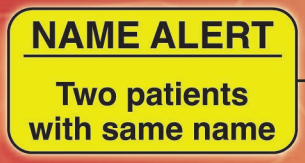
MEDICAL LABELS

MINI LABELS

WRAPS

HIPPA

ALLERGY



ALERT

CHART

ADVANCE DIRECTIVE

INSURANCE PROVIDERS

INSURANCE

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

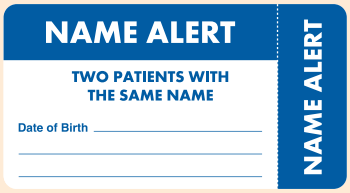
QH MAP3310 White/Red
3-1/4" x 1-3/4" 250/BOX

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

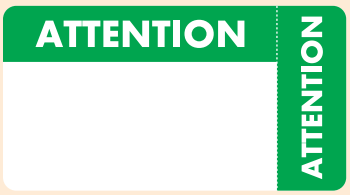
QH MAP3150 White/Blue
3-1/4" x 1-3/4" 250/BOX



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

S MAP3330
White/Red
2" x 2" 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 MAP3340
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

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.

HIPAA COMPLIANT

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

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

AUTHORIZATIONS ON FILE

APPROVED BY

DATE

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

SX MAP255 Green/White
2" x 2" 500/BOX

The privacy and security of your personal health information is important to us!

DH MAP6860 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

ACTUAL SIZE NOT SHOWN

Patient Record
Confidential

M A1020 White/Green 6-1/2" x 1" 100/BOX

Do Not Release PATIENT RECORD

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

HIPAA PRIVACY ALERTS

_____ (date) Acknowledgement of NPP on file

_____ (date) Restrictions on file

_____ (date) Confidential communications on file

_____ (date) Amendments on file

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 | **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

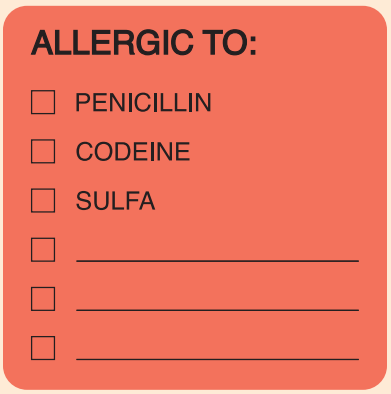
ALLERGY

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

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

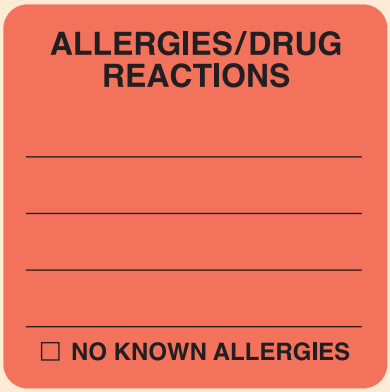
S MAP3220 Fl. Red
2" x 2" 250/BOX

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



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

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



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

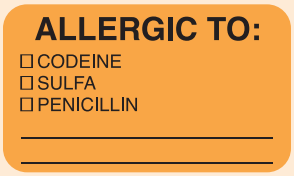
J MAP3240 Fl. Red 3" x 1" 250/BOX

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

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

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

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



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

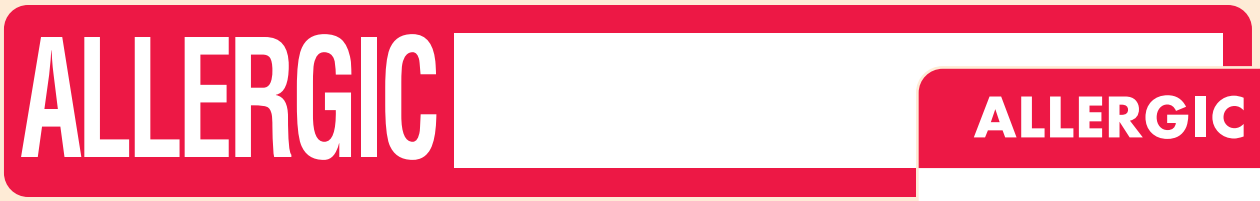
DH MAP3390 Fl. Red
1-1/2" x 7/8" 250/BOX

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

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

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

ALLERGY



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

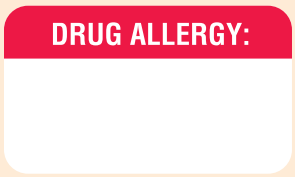
QH MAP6440 White/Red
3-1/4" x 1-3/4" 250/BOX

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

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

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

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



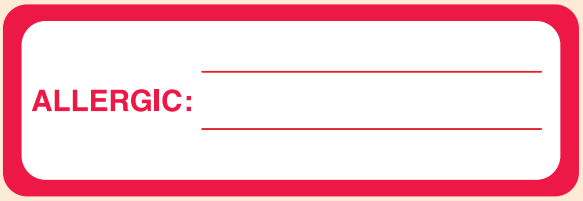
DL MAP2240 White/Red
1-1/2" x 7/8" 250/BOX

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

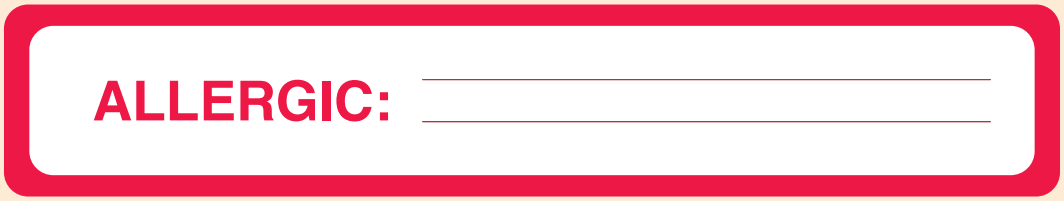
J MAP3290 White/Red 3" x 1" 250/BOX

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

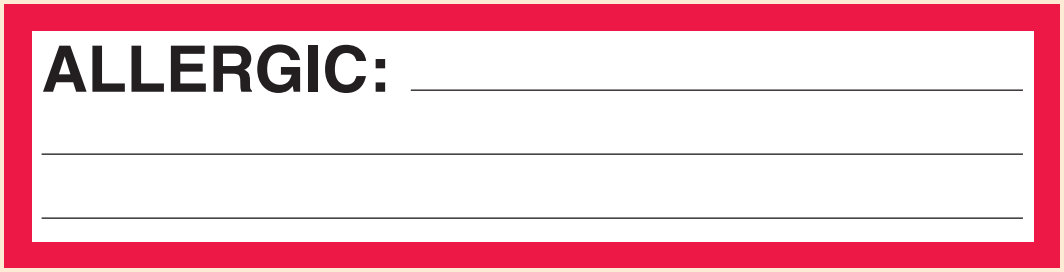
QH MAP5140 White/Red 3-1/4" x 1-3/4" 250/BOX



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



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



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

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

ALLERGIES

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

ALERTS

☐ DIABETIC
☐ HEART CONDITION
☐ ON ANTICOAGULANTS
☐ COUMADIN PATIENT
☐ PACEMAKER
☐ NO EPINEPHRINE
☐ MITRAL VALVE PROLAPSE
☐ NAME ALERT
☐ IMPLANTS
☐ PREMEDICATE
☐ HEARING IMPAIRED
☐ ADVANCE DIRECTIVE
☐ OTHER

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

MEDICAL ALERT

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

MEDICAL ALERT | MEDICAL ALERT

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

MEDICAL ALERT:

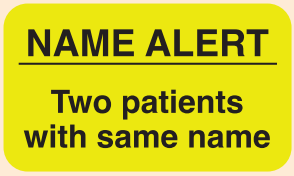
DL MAP1600 White/Red
1-1/2" x 7/8" 250/BOX

ALERT

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

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

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

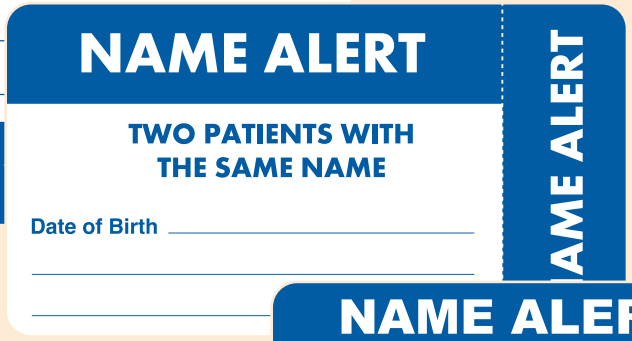


DL MAP1050 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

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

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

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



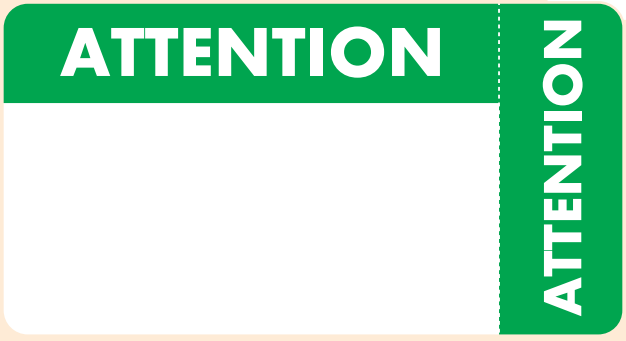
QH MAP3100 White/Blue
3-1/4" x 1-3/4" 250/BOX

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

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

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

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



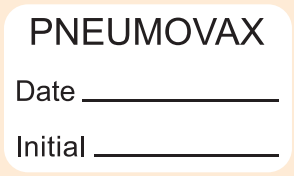
QH MAP5200 Green/White 3-1/4" x 1-3/4" 250/BOX

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

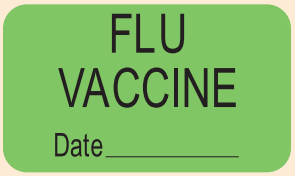
CHART

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

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



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



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

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

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

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

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

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

CHART

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

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

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

Rh NEGATIVE

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

CAPITATION

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

DECEASED

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

TETANUS

Date _____
Initial _____

DL MAP2430 Fl. Pink
1-1/2" x 7/8" 250/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

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

PRIMARY CARE PHYSICIAN:

Dr._____

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

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

PATIENT INFORMED OF RESULTS

Date _____ By _____

Comments _____

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

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

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

E UL007 Fl. Chartreuse
1-5/8" x 7/8" 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 VERIFIED
Date _____
Date _____
Date _____

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

INSURANCE

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

INSURANCE PROVIDER

INSURANCE PROVIDER

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

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

INSURANCE

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

INSURANCE
_____
_____
_____
_____

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

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.

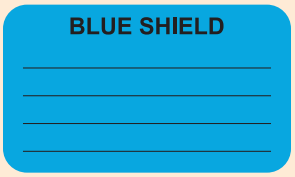
A MAP536 Lt. Blue
1-1/4" x 5/16" 500/BOX

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

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

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

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



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

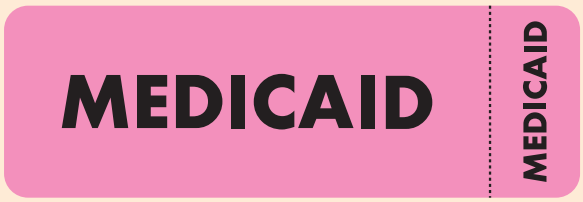
A MAP124 Fl. Chartreuse
1-1/4" x 5/16" 500/BOX

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

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

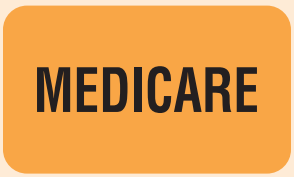
J MAP3080 Fl. Orange 3" x 1" 250/BOX

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



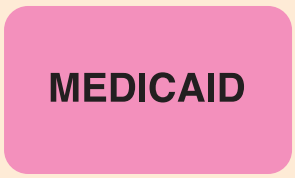
J MAP3090 Fl. Pink 3" x 1" 250/BOX

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

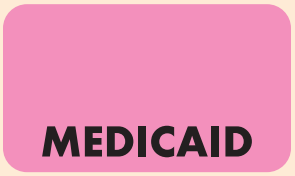


DL MAP1160 Fl. Orange
1-1/2" x 7/8" 250/BOX

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

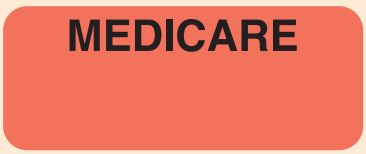


DL MAP1340 Fl. Pink
1-1/2" x 7/8" 250/BOX



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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

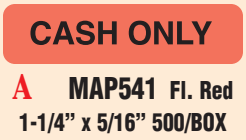
DL MAP2320 Fl. Pink
1-1/2" x 7/8" 250/BOX

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

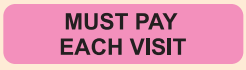
DL MAP2310 Fl. Green
1-1/2" x 7/8" 250/BOX

INSURANCE

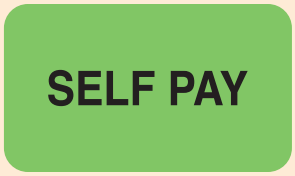
DX UL027 Fl. Red
1-1/2" x 7/8" 500/BOX



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



A MAP544 Fl. Pink
1-1/4" x 5/16" 500/BOX



DL MAP1320 Fl. Green
1-1/2" x 7/8" 250/BOX

DH MAP2870 Fl. Green
1-1/2" x 7/8" 250/BOX

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

DH MAP5300 Fl. Orange
1-1/2" x 7/8" 250/BOX

DL MAP1620 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

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

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

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

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

DL MAP1030 Fl. Red
1-1/2" x 7/8" 250/BOX

DL A1038 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

DL MAP1690 Fl. Green
1-1/2" x 7/8" 250/BOX

DL MAP1040 Fl. Red
1-1/2" x 7/8" 250/BOX

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

DL MAP1330 Fl. Red
1-1/2" x 7/8" 250/BOX

DH MAP5310 Fl. Green
1-1/2" x 7/8" 250/BOX

E UL006 White/Red
1-5/8" x 7/8" 500/BOX

E A1015 White/Red
1-5/8" x 7/8" 500/BOX

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

E UL004 White/Red
1-5/8" x 7/8" 500/BOX

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

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

DH MAP5500 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

A MAP129 Fl. Pink
1-1/4" x 5/16" 500/BOX

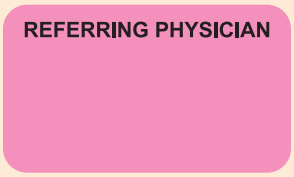
A MAP547 Fl. Green
1-1/4" x 5/16" 500/BOX

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

DH MAP5290 Fl. Orange
1-1/2" x 7/8" 250/BOX

DH MAP5350 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

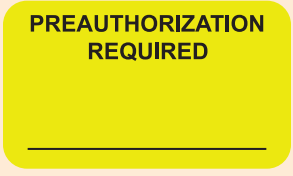
DL MAP1170 Fl. Pink
1-1/2" x 7/8" 250/BOX



DH MAP5340 Fl. Pink
1-1/2" x 7/8" 250/BOX

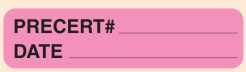
DL MAP1840 Fl. Green
1-1/2" x 7/8" 250/BOX

DL MAP2250 Fl. Green
1-1/2" x 7/8" 250/BOX



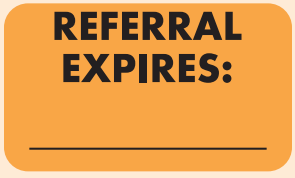
DH MAP5490 Fl. Chartreuse
1-1/2" x 7/8" 250/BOX

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



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

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

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
CO-PAY

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

CO-PAY
ATTENTION OFFICE STAFF:
CO-PAY
$_____
Colle

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

ATTENTION OFFICE STAFF:
CO-PAY
$_____
Collect at time of visit
CO-PAY

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

ATTENTION OFFICE STAFF:
CO-PAY
$_____
Collect at time of visit
CO-PAY

J MAP6460 Fl. Red 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

INSURANCE
Patient Responsibility

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

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

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 s

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
VISA OR MasterCard
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
MasterCard VISA Discover Cards
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:
VISA MasterCard
Acct. No._____
Exp. Date_____ ☐VISA ☐MasterCard
Signature_____
J MAP4680 Fl. Chartreuse 3" x 1" 250/BOX*

MasterCard VISA Discover Cards
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*

FINAL NOTICE
This is the last statement that will be sent to you. Unless paid at once the account will be turned over for collection.

QH **MAP4740** Fl. Red
3-1/4" x 1-3/4" 250/BOX *

CAUTION:
Your account is now 90 days PAST DUE.
Pay now and avoid collection action.

QH **MAP4840** Fl. Red
3-1/4" x 1-3/4" 250/BOX *

FINAL NOTICE
This is the last statement that will be sent to you. Unless paid at once your account will be referred to the credit bureau and collection service.

QH **MAP4820** Fl. Red
3-1/4" x 1-3/4" 250/BOX *

FINAL NOTICE
If we do not receive your payment by _____
we will be forced to turn your account over for collection.

QL **MAP1580** Fl. Red
3-1/4" x 1-3/4" 250/BOX*

FINAL NOTICE
If we do not hear fom you within 10 days, this account will be turned over to our collection agency.

QH **MAP4790** Fl. Red
3-1/4" x 1-3/4" 250/BOX *

PLEASE CONTACT OUR OFFICE REGARDING YOUR OVERDUE BALANCE.
We'd like to work with you to develop a reasonable payment plan and help you keep your account in good standing. Thank you for your cooperation in this matter.
We look forward to hearing from you.

QH **MAP4800** Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX *

ACTUAL SIZE

FINAL NOTICE
- This is the last statement that will be sent to you
- Remit payment in full TODAY!
- We accept VISA & MASTERCARD

QH **MAP4830** Fl. Red 3-1/4" x 1-3/4" 250/BOX

For your convenience, you may transfer this balance to your credit card account. To pay with your credit card, please complete the information below:
☐ VISA ☐ MasterCard ☐ ☐
Acct. No._____Exp. Date_____
Amount_____Signature_____

QL **MAP2350** Fl. Orange
3-1/4" x 1-3/4" 250/BOX *

COMMUNICATION IS IMPORTANT
We haven't received payment on your account, and we haven't heard from you regarding this balance.
PLEASE REMIT TODAY
Or further action will be necessary!

QH **MAP4810** Fl. Orange
3-1/4" x 1-3/4" 250/BOX *

URGENT NOTICE!
Previous bills have been sent to you for the above charges. The balance is seriously past due. Immediate payment must be made. If we do not hear from you within 15 days, we will assume you purposely ignored this notice and we will send this account for further collection procedures.

QH **MAP4780** Fl. Red
3-1/4" x 1-3/4" 250/BOX *

We accept VISA and MasterCard. If you wish to pay your account with your credit card, please complete the following lines:
Acct. No._____
Exp. Date_____ ☐VISA ☐MasterCard
Signature_____

QL **MAP2500** Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX *

ATTENTION:
Your account is now 60 days PAST DUE.
Please send all back payments today.

QH **MAP4850** Fl. Pink
3-1/4" x 1-3/4" 250/BOX *

PAST DUE
- Your insurance has paid its share.
- Don't jeopardize your credit.
- Please remit TODAY!

QH **MAP4170** Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX *

FINAL NOTICE
Every courtesy has been extended regarding payment of this long overdue account.
Unless it is paid immediately your account will be turned over for collection.

QH **MAP5840** Fl. Red
3-1/4" x 1-3/4" 250/BOX*

We will accept VISA, MasterCard and Discover. If you wish to pay your account with your credit card, please complete the following:
☐ VISA ☐ MasterCard ☐ Discover
Acct. No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Exp. Date ☐☐☐☐ Amt. ☐☐☐☐.☐☐
Signature _____

QH **MAP4620** Fl. Chartreuse
3-1/4" x 1-3/4" 250/BOX*

YOUR ACCOUNT IS PAST DUE.
We would appreciate your payment today!

DH **MAP4480** Fl. Red
1-1/2" x 7/8" 250/BOX

PAST DUE
Please remit TODAY!

DL **MAP1350** Fl. Red
1-1/2" x 7/8" 250/BOX

COLLECTION

DL **MAP1070** Fl. Red
1-1/2" x 7/8" 250/BOX

ACCOUNT PLACED FOR COLLECTION

DH **MAP3040** Fl. Red
1-1/2" x 7/8" 250/BOX

ACCOUNT SERIOUSLY OVERDUE
Remit payment in full to prevent collections

DL **MAP1400** Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE!

DH **MAP4770** Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE
This is the last statement that will be sent to you. Unless paid at once the account will be turned over for collection.

DH **MAP1360** Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE
If we do not hear from you within 10 days, this account will be turned over to our collection agency.

DL **MAP2030** Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE
This is the last statement that will be sent to you. Unless paid at once the account will be referred to the credit bureau and collection service.

DH **MAP4760** Fl. Red
1-1/2" x 7/8" 250/BOX

FINAL NOTICE
Payment must be received in order for future appointments to be made.

DL **MAP1490** Fl. Red
1-1/2" x 7/8" 250/BOX

THIS BALANCE MAY BE TRANSFERRED TO YOUR
VISA OR MasterCard
JUST CALL US

E **A1033** Fl. Red
1-7/8" x 3/4" 500/BOX

Please Remit....
This statement is for the amount payable directly by you.
YOUR INSURANCE COMPANY HAS PAID ITS SHARE OF YOUR BILL

C **A1027** Fl. Red
1-7/8" x 3/4" 500/BOX

Past Due
PLEASE REMIT TODAY

C **A1029** Fl. Red
1-7/8" x 3/4" 500/BOX

FINAL NOTICE 10 DAYS

C **A1026** Fl. Red
1-7/8" x 3/4" 500/BOX

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