

# MEDICAL LABELS

HMO/PPO

MINI LABELS



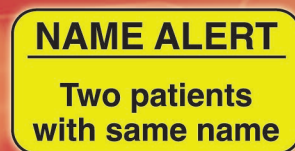
WRAPS



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

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



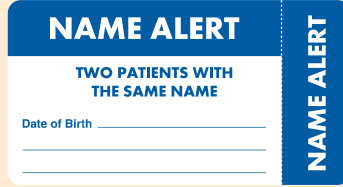
**QH MAP6440** White/Red  
3-1/4" x 1-3/4" 250/BOX



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



**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



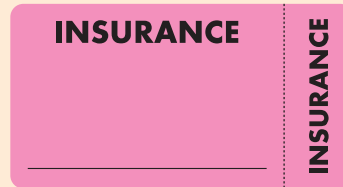
**QH MAP5190** White/Blue  
3-1/4" x 1-3/4" 250/BOX



**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



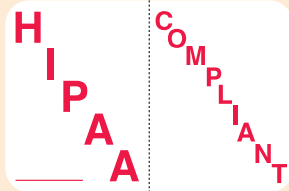
**J MAP5220** Fl. Chartreuse  
3" x 1" 250/BOX



**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



## 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

**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:

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**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

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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

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

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

# 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

## ALLERGIES

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

## ALLERGIC TO:

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

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

## ALLERGIC TO:

**J** MAP4950 Fl. Pink 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:

**J** MAP3240 Fl. Red 3" x 1" 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 \_\_\_\_\_

**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

# ALLERGIES

## NO KNOWN ALLERGIES

NO KNOWN ALLERGIES

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

#### Allergic To:

- Drug
- Food
- Latex
- Other

#### Allergic To:

- Drug
- Food
- Latex
- Other

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

**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

## 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

## 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

# 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

**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

**BC/BS**

**DL** MAP1650 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

**MEDICARE**

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

**MEDIGAP**

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

**MEDICAID**

**J** MAP3090 Fl. Pink 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

**MEDIGAP**

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

**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

**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

**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**

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

**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

## PRAUTHORIZATION 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

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

# 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

**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.

**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\*

**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.

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

**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.

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

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

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

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

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

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

**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 \*

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 \*

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 \_\_\_\_\_

**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\*

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  Discover  American Express  
 Acct. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Amount \_\_\_\_\_ Signature \_\_\_\_\_

**QL MAP2350** 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 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!*

**PAST DUE**  
 Please remit TODAY!

**COLLECTION**

**ACCOUNT PLACED FOR COLLECTION**

**ACCOUNT SERIOUSLY OVERDUE**  
 Remit payment in full to prevent collections

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

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

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

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

**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  
  
**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

**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



