

MINI LABELS

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

CO-PAY

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

LIVING WILL

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

MEDICAID

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

PERSONAL INJURY

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

PRECERT#
DATE

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

Thank you for
your recent payment.

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

PREMEDICATE

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

REFERRAL NEEDED

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

Rh NEGATIVE

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

SMOKER

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

ATTENTION

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

COLLECTION AGENCY

Date

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

COUMADIN PATIENT

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

HYPERTENSION

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

SECONDARY INSURANCE

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

AUTO

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

Full Amount Due

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

CIGNA

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

NAME ALERT

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

PACEMAKER

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

ADVANCE DIRECTIVE

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

DIABETIC

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

HEPATITIS

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

NO INSURANCE

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

NO REFERRAL NEEDED

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

PPO

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

SELF PAY

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

SIGNATURE ON FILE

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

WORKERS' COMP.

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

PRIVATE

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

REFERRAL ATTACHED

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

HMO/PPO

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

BC/BS

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

BLUE CROSS

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

BLUE SHIELD

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

CAPITATION

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

NO KNOWN ALLERGIES

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

Small Balance Due

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

ADVANCE DIRECTIVE

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

DECEASED

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

HMO

Do you have authorization?

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

MEDICARE

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

WRITTEN OFF TO BAD DEBT

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

MEDI-CAL

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

ALLERGIC TO:

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

ALLERGIC TO PENICILLIN

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

CASH ONLY

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

CO-PAY

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

DECEASED

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

HEART CONDITION

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

HMO

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

INSURANCE

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

AETNA

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

MEDICAL ALERT

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

MEDIGAP

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

NAME ALERT

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

STAT

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



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



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



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

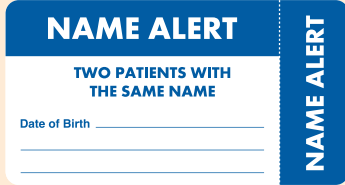
WRAPS

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

NOT SHOWN ACTUAL SIZE



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



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



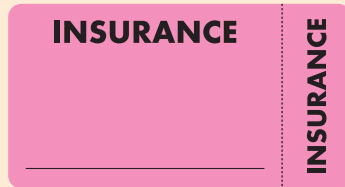
QH MAP5190 White/Blue
3-1/4" x 1-3/4" 250/BOX



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



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



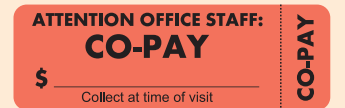
QH MAP5210 Fl. Pink
3-1/4" x 1-3/4" 250/BOX



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



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



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



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



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



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



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



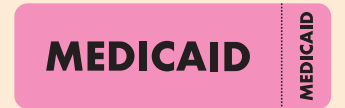
J MAP6430 White/Red
3" x 1" 250/BOX



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



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



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



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



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



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



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



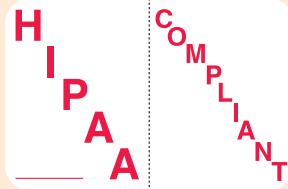
J MAP5220 Fl. Chartreuse
3" x 1" 250/BOX



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

HIPAA

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



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

CONFIDENTIAL
For Authorized Personnel Only

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

CONFIDENTIAL
For Authorized Personnel Only

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

Confidential: PROTECTED HEALTH INFORMATION
Authorized Personnel Only

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

CONFIDENTIAL
For Authorized Personnel Only

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

CONFIDENTIAL
For Authorized Personnel Only

ACTUAL SIZE
NOT SHOWN

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

AUTHORIZATIONS ON FILE

APPROVED BY

DATE

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

**DO NOT
RELEASE**

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

CONFIDENTIAL
**For Authorized
Personnel**

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

**HIPAA
ACKNOWLEDGEMENTS
ON FILE**

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

**PHI
RESTRICTIONS
ON FILE**

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

**HIPAA
SIGNATURE
ON FILE**

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

**AUTHORIZATIONS
REVOKED**

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

**AUTHORIZATIONS
ON FILE**

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

**ORIGINAL
PLEASE RETURN**

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

HIPAA

Patient Record
Confidential

V MAP256 Green/White 4" x 2-1/2" 100/BOX

CONFIDENTIAL

DL MAP2000 Fl. Red
1-1/2" x 7/8" 250/BOX

CONFIDENTIAL

DL A1013 Fl. Orange
1-1/2" x 7/8" 250/BOX

Patient Record
Confidential

M MAP252 Green/White 6-1/2" x 1" 100/BOX

Patient Record
Confidential

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

ACTUAL SIZE NOT SHOWN

Patient Record
Confidential

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

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

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

HIPAA PRIVACY ALERTS

_____ Acknowledgement of NPP on file
(date)

_____ Restrictions on file
(date)

_____ Confidential communications on file
(date)

_____ Amendments on file
(date)

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

Do Not Release
PATIENT RECORD

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

PRIVACY RESTRICTIONS

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

V A1009 Fl. Orange 4" x 2-1/2" 100/BOX

DO NOT DESTROY

DO NOT DESTROY

J UL1420 Fl. Red 3" x 1" 250/BOX


Signed
Acknowledgement
of Notice of Privacy
Practices on File

I A1005 Blue/White 2" x 1" 500/BOX

ALLERGY

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

ALLERGIC TO:




PENICILLIN
 CODEINE
 SULFA

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



ALLERGIES

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



ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

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

ALLERGY ALERT

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

ALLERGIC

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

ALLERGIC TO:

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

ALLERGIC TO:

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

ALLERGIC TO:

PENICILLIN
 CODEINE
 SULFA

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

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

ALLERGIC TO:

PENICILLIN
 CODEINE
 SULFA

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

ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

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

ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

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

ALLERGIES

LATEX PENICILLIN
 DYE CODEINE
 TAPE SULFA
 OTHER ERYTHROMYCIN

NO KNOWN ALLERGIES

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

ALLERGIES

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

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

ALLERGIES

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

ALLERGY

ALLERGIES

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

ALLERGIC TO:

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

ALLERGIC TO:

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

ALLERGIC TO:

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

ALLERGIES/DRUG REACTIONS

NO KNOWN ALLERGIES

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

ALLERGIC TO:

- PENICILLIN
- CODEINE
- SULFA
- _____
- _____
- _____

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

ALLERGIC TO:

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

ALLERGIC TO:

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

ALLERGIC TO:

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

ALLERGIC TO:

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

ALLERGIC TO:

- CODEINE
 - SULFA
 - PENICILLIN
-

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

ALLERGIC:

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

ALLERGY

ALLERGIC TO:

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

ALLERGIES

Drug _____
 Food _____
 Latex _____
 Other _____

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

NO KNOWN ALLERGIES

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

NO KNOWN ALLERGIES

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

NO KNOWN ALLERGIES

NO KNOWN ALLERGIES

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

Allergic To:

Drug Latex
 Food Other

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

Allergic To:

Drug Latex
 Food Other

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

ALLERGIC TO LATEX

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

NO KNOWN ALLERGIES

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

ALLERGIC TO: PENICILLIN

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

ALLERGIC TO PENICILLIN

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

ALLERGIC TO PENICILLIN

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

ALLERGIC TO PENICILLIN

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

MEDICAL ALERT

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

MEDICAL ALERT

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

ALERT

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

MEDICAL ALERT

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

MEDICAL ALERT

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

MEDICAL ALERT

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

ALERTS

<input type="checkbox"/> DIABETIC	<input type="checkbox"/> NAME ALERT
<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> IMPLANTS
<input type="checkbox"/> ON ANTICOAGULANTS	<input type="checkbox"/> PREMEDICATE
<input type="checkbox"/> COUMADIN PATIENT	<input type="checkbox"/> HEARING IMPAIRED
<input type="checkbox"/> PACEMAKER	<input type="checkbox"/> ADVANCE DIRECTIVE
<input type="checkbox"/> NO EPINEPHRINE	<input type="checkbox"/> OTHER
<input type="checkbox"/> MITRAL VALVE PROLAPSE	

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

MEDICAL ALERT

MEDICAL ALERT

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

MEDICAL ALERT:

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

ALERT

NAME ALERT

D.O.B. _____

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

NAME ALERT

Two patients with same name

NAME ALERT

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

NAME ALERT

Birthdate _____

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

NAME ALERT

Two patients with same name

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

NAME ALERT

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

NAME ALERT

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

NAME ALERT

Date of Birth _____

Two Patients

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

NAME ALERT

TWO PATIENTS WITH THE SAME NAME

Date of Birth _____

NAME ALERT

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

ALERT

ALERT

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

ATTENTION

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

NAME ALERT

Date of Birth _____

NAME ALERT

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

ALERT

ALERT

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

ATTENTION

ATTENTION

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

ATTENTION:

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

CHART

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

MISSED APPOINTMENT

On _____

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

PNEUMOVAX

Date _____

Initial _____

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

FLU VACCINE

Date _____

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

PREGNANT

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

Spanish is preferred by the patient

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

MINOR

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

Rh NEGATIVE

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

ASTHMA

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

PREMEDICATE

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

DIABETIC

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

CHART

DIABETIC

DIABETIC

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

PREMEDICATE

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

PREMEDICATE

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

DIABETIC

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

DIABETIC

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

DIABETIC

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

HEPATITIS

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

SMOKER

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

HYPERTENSION

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

Weight	BP	Temp	Pulse

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

NO EPINEPHRINE

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

HEART CONDITION

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

PACEMAKER

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

COUMADIN PATIENT

COUMADIN PATIENT

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

COUMADIN PATIENT

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

SEE HEALTH HISTORY

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

HEALTH HISTORY UPDATE

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

ON ANTI-COAGULANTS

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

NOTE:

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

COUMADIN PATIENT

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

STAT

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

Rh NEGATIVE

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

MEDICAL HISTORY UPDATE

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

HYPERTENSION

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

DECEASED

Date _____

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

CAPITATION

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

TETANUS

Date _____

Initial _____

DECEASED

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

DECEASED

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

CAPITATION

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

Referral# _____

Expires _____ #Visits _____

Diagnosis _____

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

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

CHART

CHART THINNED ON BY _____

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

CHART REQUIRES THINNING

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

CHART INACTIVATED

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

URINALYSIS

Date _____

Name _____ DOB _____

Glucose _____ pH _____

Bili _____ Protein _____

Ketone _____ Urobili _____

Sp. Gr. _____ Nitrate _____

Blood _____ Leuko _____

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

PATIENT INFORMED OF RESULTS

Date _____ By _____

Comments _____

PRIMARY CARE PHYSICIAN:

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

Dr. _____

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

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

ADVANCE DIRECTIVE

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

ADVANCE DIRECTIVE

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

ADVANCE DIRECTIVE

____ Yes _____ No

Signature _____ Date _____

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

ADVANCE DIRECTIVE

Living Will _____

Health Care Proxy _____

Durable Power of Attorney _____

for Health Care _____

Other _____

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

ADVANCE DIRECTIVE

Living Will _____

Health Care Proxy _____

Durable Power of Attorney for Health Care _____

Other _____

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

ADVANCE DIRECTIVES

_____ DO NOT RESUSCITATE

_____ DURABLE POWER OF ATTORNEY FOR HEALTHCARE

_____ LIVING WILL

_____ HEALTHCARE PROXY

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

LIVING WILL

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

ADVANCE DIRECTIVE

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

DNR

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

DNR

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

LIVING WILL

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

LIVING WILL ON FILE

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

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

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

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

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

INSURANCE YR. _____
 PRIMARY _____
 SECONDARY _____

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

INSURANCE VERIFIED
 Date _____
 Date _____
 Date _____

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

INSURANCE

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

INSURANCE

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

INSURANCE

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

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

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

INSURANCE PROVIDER

INSURANCE PROVIDER

INSURANCE PROVIDER:

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

INSURANCE

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

INSURANCE

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

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

INSURANCE

INSURANCE

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

INSURANCE

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

INSURANCE

INSURANCE

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

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

INSURANCE

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

Insurance _____
 Lab _____
 Radiologist _____
 Co-Pay _____

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

INSURANCE

INSURANCE

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

INSURANCE

INSURANCE

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

INSURANCE PROVIDERS

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

SECONDARY INSURANCE

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

MEDI-CAL

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

BLUE CROSS

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

BLUE SHIELD

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

BC/BS

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

BLUE CROSS

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

BLUE SHIELD

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

BLUE SHIELD

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

BC/BS

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

MEDICARE

MEDICARE

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

MEDIGAP

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

MEDICAID

MEDICAID

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

MEDICARE

MEDICARE

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

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

MEDIGAP

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

MEDICAID

MEDICAID

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

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

MEDICARE

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

MEDICARE

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

MEDICAID

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

MEDICARE HMO

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

MEDICARE AND INSURANCE

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

PRIVATE

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

CIGNA

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

AUTO

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

MANAGED CARE

PRIOR APPROVAL
REQUIRED

CO-PAY \$ _____

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

PRIVATE

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

CIGNA

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

AUTO

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

MANAGED CARE

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

AETNA

AETNA

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

UNITED HEALTHCARE

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

AETNA US HEALTHCARE

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

HUMANA

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

CASH ONLY

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

CASH ONLY

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

MUST PAY EACH VISIT

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

SELF PAY

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

SELF PAY

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

INSURANCE

NO INSURANCE

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

NO INSURANCE

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

PPO

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

HMO

Must obtain prior authorization

HMO

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

HMO

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

REFERRAL NEEDED

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

PRECERT# DATE

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

NO REFERRAL NEEDED

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

REFERRAL EXPIRES:

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

INSURANCE Claim Labels

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

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

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

Documentation to support medical necessity is attached

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

TRACER

PREVIOUSLY SUBMITTED CLAIM

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

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

RESUBMITTED CLAIM

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

—SECOND SUBMISSION—
ORIGINAL CLAIM WAS SENT

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

ON: _____

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

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.

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.

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

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

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

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

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

YOUR INSURANCE COMPANY HAS PAID ITS SHARE OF YOUR BILL.

This statement is for the amount payable directly by you.

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

INSURANCE Patient Responsibility

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

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

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

Please remit in full or call to arrange a payment

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

YOUR BALANCE DUE TO:

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

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

In order to process your claim

YOUR INSURANCE COMPANY NEEDS INFORMATION

Please contact them or send us payment in full immediately

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

PLEASE...

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

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

Your balance after Medicare paid is due to:

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

u owe \$ _____

Thank You!

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

YOUR INSURANCE COMPANY has paid its share of your bill.

This statement is for the amount payable directly by you.

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*

