

# NOTICE TO INDIVIDUAL PATIENTS

I, \_\_\_\_\_, M.D. / D. O., do **not** maintain  
(Print first and last name)

Medical Professional Liability Insurance coverage.

***If applicable:***

I previously maintained Medical Professional Liability Insurance coverage, but it lapsed  
on \_\_\_\_\_ day of \_\_\_\_\_, and I have not renewed the policy.  
(Print month and year)

\_\_\_\_\_  
**Physician's Signature** Date: \_\_\_\_\_

\_\_\_\_\_  
**Patient's Signature** Date: \_\_\_\_\_

***This signed notice shall be part of this patient's chart.***

**The language in this document was drafted and approved by the Maryland Board of Physicians in compliance with Maryland Code Annotated, Health Occupations Article §14-508 (effective date October 1, 2017). Alteration of the language in this document may result in non-compliance with the law.**