

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.