We are here when you need us most. Care when you need it.



- Bullet Point Information #1
- Bullet Point Information #2
- Bullet Point Information #3
- Bullet Point Information #4
- Bullet Point Information #5
- Bullet Point Information #6
- Bullet Point Information #7

UPLOADABLE LOGO **OR** IMAGE HERE (optional)

Name of Doctor's Office

Name of Doctor(s)

Paragraph information about the practice and/or services that you provide. You can include items like your hours, your website / social media information, and/or specific doctor information -- like, you have a new doctor at your practice, etc., and give their background.

CURRENTLY ACCEPTING THE FOLLOWING INSURANCE:

INSURANCE 1 • INSURANCE 2 • INSURANCE 3 • INSURANCE 4

Here is an offer that you can't refuse!

We will **PAY YOUR CO-PAY** on your first visit.

Only available on first visit. Must be a new patient.

Expires: 00/00/00

COUPON

locations to serve you are your family.

Your Address Here City, ST ZIP

000-000-0000

(Your Locator Here)

Your Address Here City, ST ZIP

000-000-0000

(Your Locator Here)

Your Address Here City, ST ZIP

000-000-0000

(Your Locator Here)

XX000000

Find a good deal more at redplum.com. Distributed as part of RedPlum