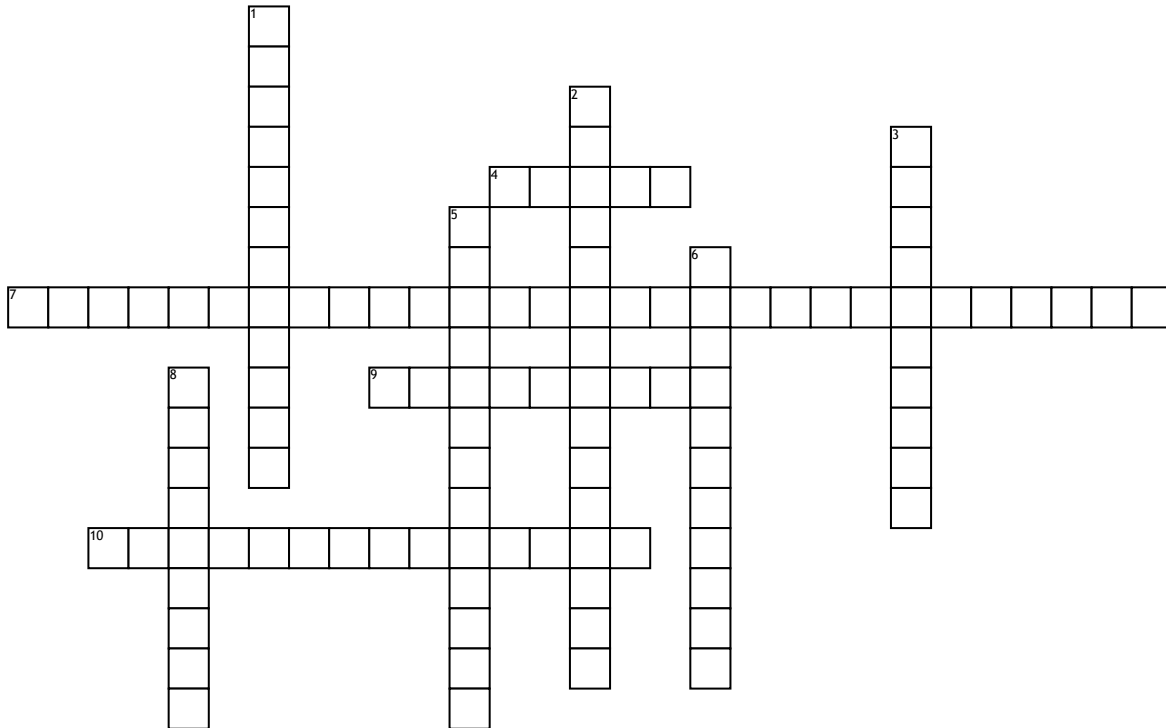


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# BV Terminology



## Across

4. The amount that the insured person must pay out of pocket before the health insurer pays for a particular visit or service.

7. Their job is to examine, study or inquire on patient's benefits to ensure accurate documentation on what the patient's plan will cover.

9. Not all services are covered. The insured are generally expected to pay the full cost of non-covered services out of their own pockets.

10. The total dollar amount (often based on a percentage of costs) that a health plan will require an insured individual to pay for healthcare services during a fixed time period, such as one year. May or may not include deductible?

## Down

1. not contracted with your insurance company for reimbursement at a negotiated rate.

2. Provided to the patient to help with any out of their out of pocket expense as it relates to treatment with Eylea.

3. The amount that the insured must pay out-of-pocket before the health insurer pays its share.

5. The date a patient was enrolled with a certain payer. The day a patient became a member.

6. Instead of, or in addition to, paying a fixed amount up front (a co-payment), the co-insurance is a percentage of the total cost that insured person may also pay

8. A health care provider on a list of providers preselected by the insurer.