Name: _____ Date: _____

CH 14 DENTAL INSURANCE PART1

W D P T H E C O D E F Q D N C A D A I N M S D D
A F A G I H W I R J A B E B U D C J L Y A P I E
T J S R N L Z C C Z L E N X R E O C D A I I R N
T Z S Q G J H R O M T V T K R P B L E P N B E T
E W I I G E L B X Z E D A C E E R O N P T S C A
N C G N H F F A D F R E L L N N A S T R E Y T L
D H N P W F B L E I N N S A T D T E A O N E R H
I X M B Q E B A N B A T E I D E M D L V A B E E
N A E J Z C I N T P T A R M E N B P B E N Q I A
G M N D C T R C A H I L V F N T B A E D C X M L
D X T W O I T E L C V I I O T S E N N S E Z B T
E F O U P V H B N U E N C R A A N E E E O J U H
N K F N A E D I O S B S E M L Q E L F R R F R C
T U B O Y D A L M T E U C M T X F S I V G Z S J
I C E P M A Y L E O N R O O E Z I Y T I A U E Y
S A N T E T R I N M E A R K R D T S S C N X M M
T P E L N E U N C A F N P V M C S T C E I B E O
S I F M T B L G L R I C O M I G C E A S Z Q N C
S T I R I O E K A Y T E R Y N Q A M R C A Q T M
T A T E C K R K T F P I A F O O R T R V T L J H
M T S S Q B E O U E L C T P L U R J I U I P V I
T I F T A E R X R E A V I F O N I P E X O Z Y D
G O N T R M U E E E N S O L G Q E P R B N J V B
Z N T N H V K P S C N F N Y Y G R B X L G N C F

DENTALSERVICECORPORATION
ALTERNATIVEBENEFITPLAN
ASSIGNMENTOFBENEFITS
CLOSEDPANELSYSTEM
BENEFITSCARRIER
DENTALHEALTH
DEPENDENTS
CLAIMFORM
ADA
CURRENTDENTALTERMINOLOGY
DENTALBENEFITSCARRIER
DIRECTREIMBURSEMENT
APPROVEDSERVICES
BALANCEBILLING
CUSTOMARYFEE
CAPITATION
THECODE
MAINTENANCEORGANIZATION
ATTENDINGDENTISTSSTMT
DENTALNOMENCLATURE
DENTALINSURANCE
EFFECTIVEDATE
BIRTHDAYRULE
COPAYMENT
COBRA