Name: _____ Date: _____

Enrich Billing Errors - What must be checked?

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

ADDITIONAL CHARGES
AGREEMENT TYPE
ACCOUNT NUMBER
CONTRACT TYPE
ACCOUNT NAME
CHARGE DATES
PO NUMBERS
INSURANCE
DISCOUNTS
RATES