

Name: _____

Date: _____

Final Exam Review

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

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|-------------------------|---------------------|--------------------|-----------------|-----------------|
| policies and procedures | established patient | safety data sheets | certified check | fee for service |
| beneficiary | block style | eligibility | deductible | letterhead |
| insurance | statement | computer | envelope | medicaid |
| medicare | pegboard | billing | invoice | Medigap |
| premium | TRICARE | coding | labels | matrix |
| claim | HIPAA | legal | cons | OSHA |
| PASS | TANF | CPU | EHR | EMR |
| HMO | MMA | PCP | PPO | RX |