

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

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

# GATCF

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

ADVERSE EVENT  
INSURANCE  
FIVENINE  
LATREECE  
JESSICA  
ANDREA  
CARMEN  
MELVA  
KAMIA

REIMBURSEMENT  
TERRIANNE  
PHARMACY  
VICTORIA  
CYNTHIA  
AMANDA  
PAMELA  
LINDA  
ROAR

ATTESTATION  
MEDICAID  
FLEX PAP  
JENNIFER  
DERRICK  
BRENDA  
APRIL  
DEBBI  
AERO

ELIGIBILITY  
MEDICARE  
CASEWORK  
VONESHA  
REFILL  
TERESA  
MARIA  
JAMES  
JOSE

APPEALABLE  
VITALITY  
BEATRICE  
TIMOTHY  
MCKNET  
BRANDI  
IRENE  
KATIE  
ERIN