Name: _____ Date: _____

HEALTH INFORMATION MANAGEMENT

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

REVENUE CYCLE MONITORING
BLUECROSS BLUESHIELD
THIRD PARTY PAYER
ALLOWED CHARGES
CHARGEMASTER
AMBULATORY
HOSPITAL
PRIVACY
HIPPA
CPT
PHYSICIAN FEE SCHEDULE
OCCUPATIONAL HEALTH
DELIVERY SYSTEMS
APPEALS PROCESS
GENERALISTS
CAPITATION
MEDICAID
APDRG
MSDRG
DRG
ELECTRONIC REMITTANCE
VALUE ADDED NETWORK
ABUSE AND FRAUD
CLOSED CLAIMS
OPEN CLAIMS
PHYSICIAN
MEDICARE
HCPCS
CMS
PPS