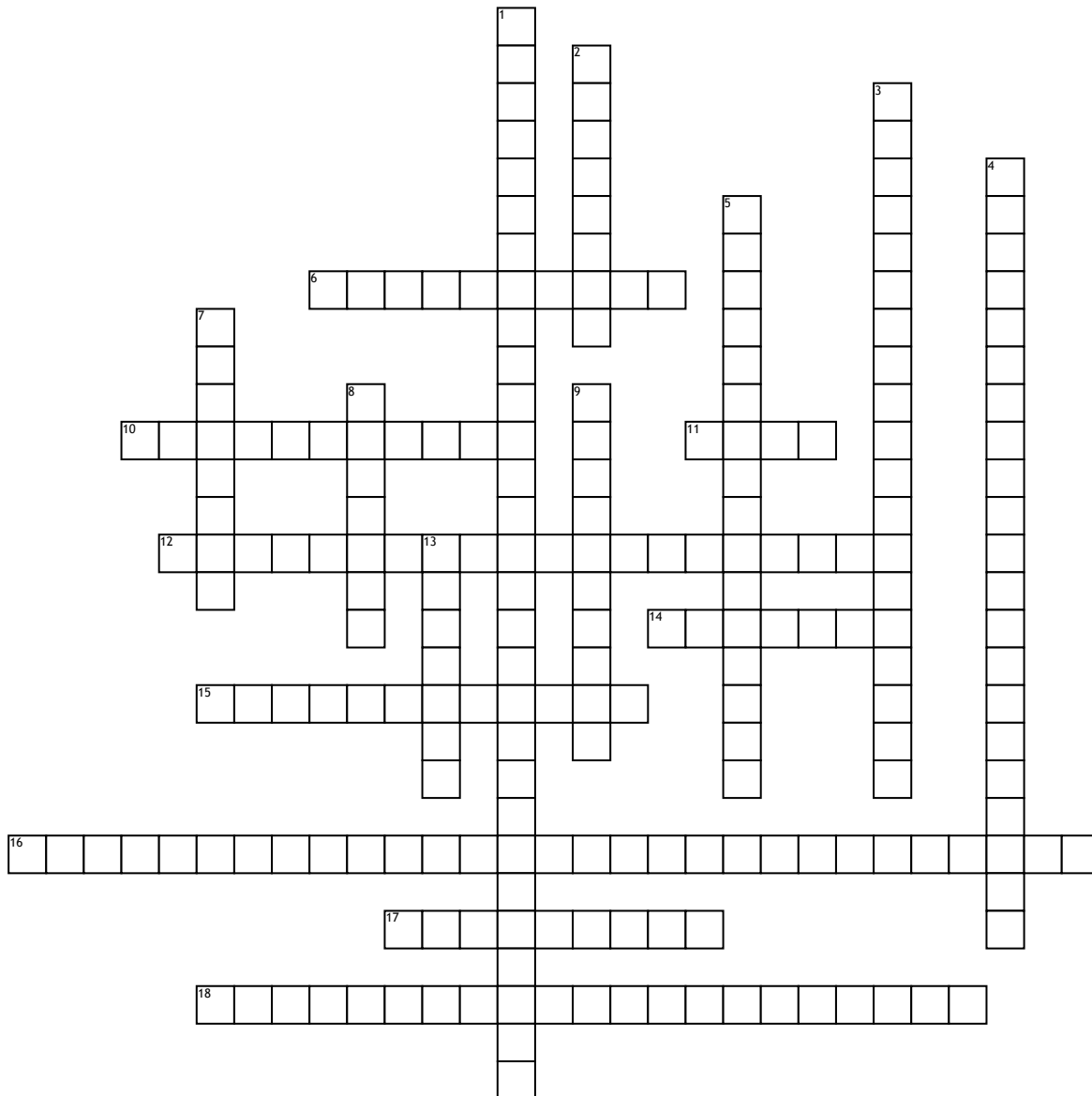


Name: _____

Date: _____

Insurance



Across

6. The health care provider is paid a fixed amount per member per month for each patient who is a member of a particular insurance organization regardless of whether services were provided.

10. The percentage owed by the patient for services rendered after a deductible has been met and a co-payment has been paid.

11. Aimed at children in families who have incomes too high to qualify for medicaid but too low to afford private health insurance, only for children under the age of 18.

12. A condition that existed before the insured's policy was issued.

14. Established in 1973 for the spouses and dependent children of veterans who have total, permanent, service-connected disabilities.

15. This determines the primary insurance when the patient is a child who has health care coverage through both parents.

16. A network of providers and hospitals that are joined together to contract with insurance companies, employers, or other organizations to provide health care to subscribers and their families for a discounted fee.

17. A specified amount the insured must pay toward the charge for professional services rendered at the time of service.

18. A printed description of the benefits provided by the insurer to the beneficiary.

Down

1. Group insurance that entitles members to services provided by participating hospitals, clinics, and providers.

2. A joint funding program by federal and state governments for the medical care of low-income patients on public assistance.

3. A form of insurance providing wage replacement and medical benefits to employees injured on the job or who have developed work-related disorders, disabilities, or illnesses.

4. The authorization, by signature of the patient, for payment to be made directly by the patient's insurance to the provider for services.

5. Is approval obtained from an insurer before services are rendered; additionally relates to whether the services are medically necessary.

7. A federal program for providing health care coverage for individuals over the age of 65 or those who are disabled.

8. Money amount paid for an insurance contract.

9. A predetermined amount the insured must pay each year before the insurance company will pay for an accident or illness.

13. Established to aid dependents of active service personnel, retired service personnel and their dependents, and dependents of service personnel who died on active duty, with a supplement for medical care in military or public health service facilities.