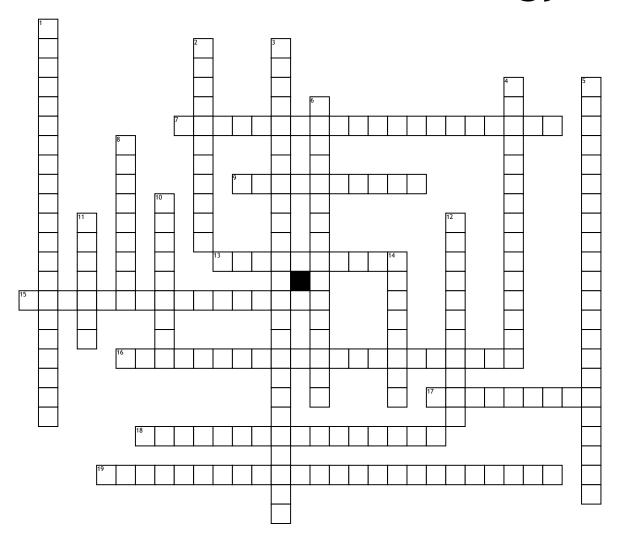
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Insurance Terminology



<u>Across</u>

- **7.** a form that the patient signs allowing payment be sent directly to the provider
- **9.** set amount that has to be paid by patient before the insurance covers bills
- 13. PCP
- **15.** an itemized notice letting the physician know what services were/were not covered
- **16.** a physician who has a contractual agreement with the third party payor
- **17.** an insurance policy that covers a group of people

- **18.** getting prior permission from the insurance plan to perform certain procedures/services
- **19.** a physician who does not have any contract with the third party payor

<u>Down</u>

- 1. an itemized notice letting the patient know what was and was not covered by their plan
- 2. set amount of cost shared by both the insurance company and the patient
- **3.** informs the patient in writing that they will be required to pay for a service if it is denied by Medicare
- **4.** insurance carrier or managed care organization that pays health insurance claims

- **5.** the process of deciding which insurance is primary/secondary/tertiary
- **6.** using accurate ICD/CPT codes to show documentation that the procedures performed were deemed necessary
- **8.** a percentage per contract paid at the office in which u are being seen
- **10.** the individual with financial responsibility to the insurance plan
- **11.** monthly amount paid per contract to maintain health care coverage
- **12.** any individual covered by the health insurance plan
- **14.** needed with most HMO plans to see a specialist or any doctor other than the PCP