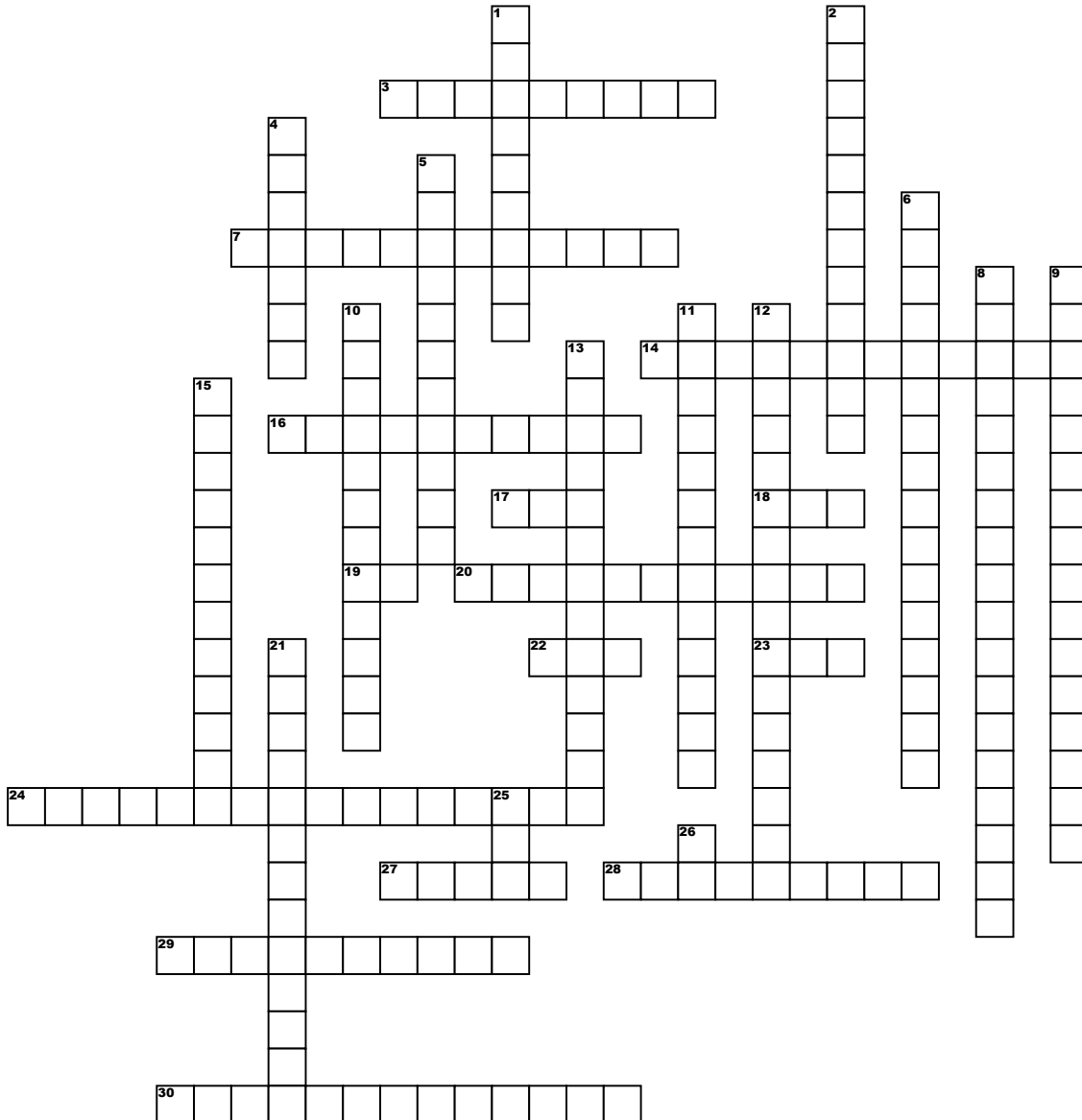# Medical Insurance

Across

3. Patient admitted to a medical facility

7. Provider that does not participate in the plan

14. Administrative and clinical functions that help capture and collect patient's payments

16. The insured

17. Provider who agrees to provide medical services according to the terms of the policy

18. Used to tell patient of services that may not be covered

19. Patient that has receive services within the last 3 years

20. Portion of charges that an insured person must pay after payment of deductible

22. Individually identifiable health information

23. Explains how the policy will pay benefits

24. Pays first when covered by more than one plan

27. Guidelines set forth for electronic data interchange of administrative and financial transactions

28. Amount that must be paid at time of service

29. Payment made by insured on an annual basis

30. Reimburses a policyholder for medical services

Down

1. Person that is financially responsible

2. Determines which parents insurance pays first

4. Person that holds the policy

5. System that combines the financing and the delivery of appropriate cost-effective healthcare

6. Covers hospital and medical care

8. Plan that pays after primary

9. Needed before services can be performed

10. Number of days surrounding a surgical procedure

11. Contains patient's medical history

12. Treatment that cannot be performed out of convenience

13. Scrubber for insurance claims

15. Person who buys an insurance plan

21. Utilization of certified EHR technology

25. HIPPA mandated description of a covered entity's principals and procedures to protect the patient's health information

26. Patient that has not received services within last 3 years