Name:	Date:

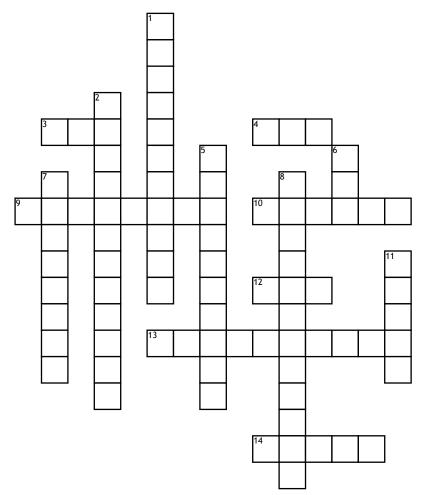
## **Patient Access**

## **Across**

- **3.** Preferred Provider Organization
- 4. Health Maintenance Organization; A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the
- **9.** oint federal and state program to provide Medical insurance for the poor
- **10.** Official count/list of patient population
- **12.** Questionnaire to determine primary payor before Medicare
- **13.** Person who is the holder of an insurance policy
- **14.** A fixed payment for a covered service

## **Down**

- 1. ost sharing in which the subscriber is responsible for a specific percentage of the cost of healthcare
- 2. Not to be disclosed
- **5.** Fixed sum of money that beneficiary must contribute towards the cost of their healthcare before insurance benefits begin
- 6. The administrative branch within the Department of Health and Human Services that is responsible for Medicare and Medicaid Services



- **7.** Federal health insurance plan primarily for seniors
- **8.** Collection and storage on patient demographic, insurance, and clinical data
- 11. ederal law requiring employers to permit employees to continue their group health insurance coverage after termination

