

Name: _____

Date: _____

REMICADE

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

VERIFICATION OF BENEFITS
NATIONAL PAYER TOOL
ADMINISTRATION
INVESTIGATION
OFFICE VISIT
UNDISCLOSED
BI SERVICES
REMICADE
PAYER
TABS

PHARMACY BENEFIT MANAGER
SPECIALTY PHARMACY
ACCESS OPTIONS
COMPLEX CODES
FIXED AMOUNT
MD PURCHASE
DEDUCTIBLE
INFUSION
JCODE
VOB

ASSIGNMENT OF BENEFITS
SC BLURB SHEET
OUT OF POCKET
BILLING OTHER
BUY AND BILL
COINSURANCE
INSURANCE
BENEFITS
COPAY
AOB