Name: _____ Date: _____

TEAMHEALTH AR Dept.

Reconciliation
Cancellation
Collections
Outstanding
Termination
TimeSheet
Contract
Invoices
Provider
Billing
Buckets
Meeting
Payment
Regions
Arrear
Report
Acute
Aging
Check
Legal
Terms
Late
PAC

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