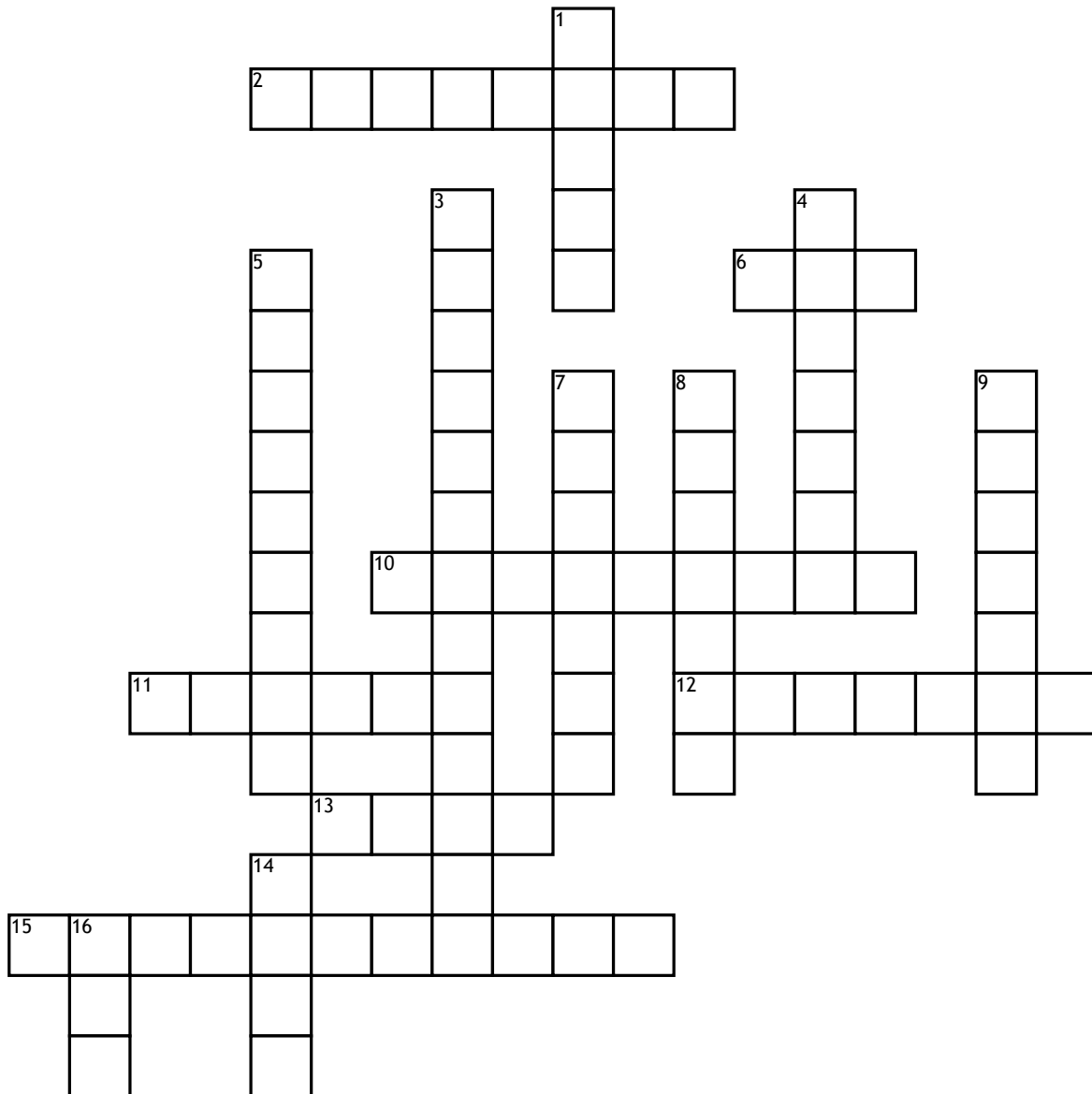


Name: _____

Date: _____

patient access week



Across

2. MONTHLY
UPGRADE TIME
PERIOD

6. ___ COLLECTIONS

10. INCLUSIVE
WORKFORCE

11. ANTI-DUMPING
REGULATION

12. OUT OF ___

13. ELECTRONIC
MEDICAL RECORD

15. BIOMETRIC
IDENTIFICATION

Down

1. PATIENT
CONFIDENTIALITY

3. INSURANCE
APPROVAL

4. GENERAL ___

5. TRY AND
PREVENT ___ MRNs

7. ___ CYCLE
MANAGEMENT

8. GENERAL ___

9. ON-LINE MEDICAL
RECORD ACCESS

14. MEDICARE COB

16. ATLANTIC
PHYSICIAN PRACTICES