Name: _____ Date: _____

ADMISSIONS DESK

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

SOCIAL SECURITY NUMBER
UNITED HEALTH CARE
PATIENT PORTAL
ADMISSIONS
INSURANCE
WELLNESS
CONSENT
CLAIM
ACUTE
BLUE CROSS BLUE SHIELD
SURGICAL PROCEDURE
CONTACT PERSON
DATA ENTRY
EMERGENCY
MEDICAID
BILLING
ORTHO
ORDER
OCCUPATIONAL THERAPY
PHYSICAL THERAPY
EMAIL ADDRESS
OUTPATIENT
INPATIENT
MEDICARE
SPEECH
CODES
LAB
PRIOR AUTHORIZATION
COVENTRY HEALTH
OBSERVATION
RADIOLOGY
PHARMACY
ELECTIVE
POLICY
AETNA