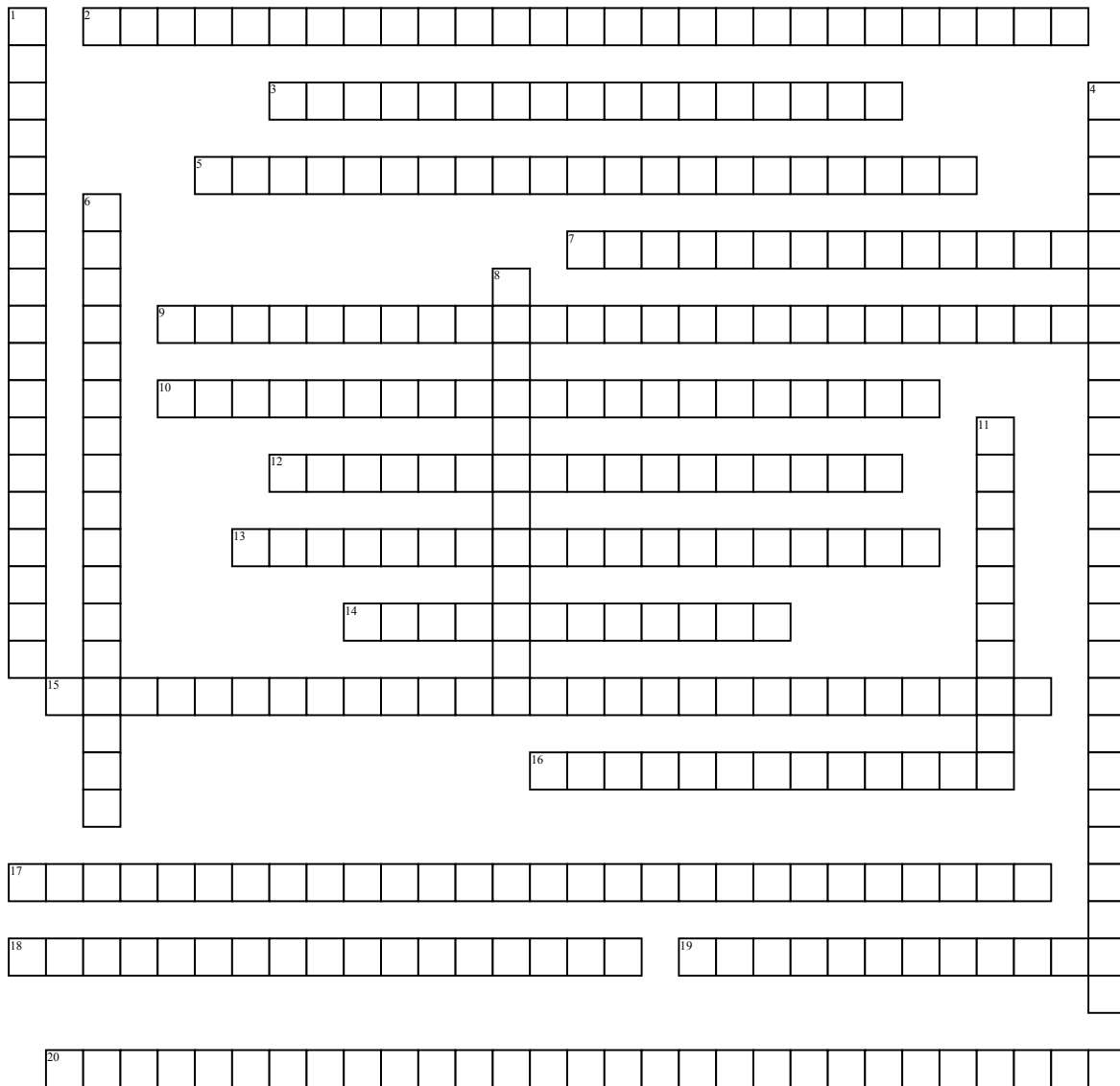


Name: _____

Date: _____

CMS-1500



Across

- 2. Box 5: Where the patient lives/how to contact them
- 3. Box 9D: Who the other insurance is
- 5. Box 3: When the patient took their first breath/Boy or Girl
- 7. Box 1A: How the insurance identifies the insured
- 9. Box 11D: Anyone else paying?
- 10. Box 11A: When the Insured took their first breath/Boy or Girl
- 12. Box 11C: Who the premiums are paid to

- 13. Box 11: The number identifying an employee policy
- 14. Box 10B: Where you traveling to work?
- 15. Box 7: Where the premium checks come from/contact information
- 16. Box 10C: So how did this happen?
- 17. Box 6: Why am I paying for your insurance?
- 18. Box 12: Gotta Sign
- 19. Box 4: The one who pays the premiums
- 20. Box 1: ex. Medicare, Medicaid, Group

Down

- 1. Box 10: How did you get hurt?
- 4. Box 9A: Secondary Coverage Identification
- 6. Box 9: They have coverage too
- 8. Box 2: The one seeing the provider
- 11. Box 10A: Where the patient works