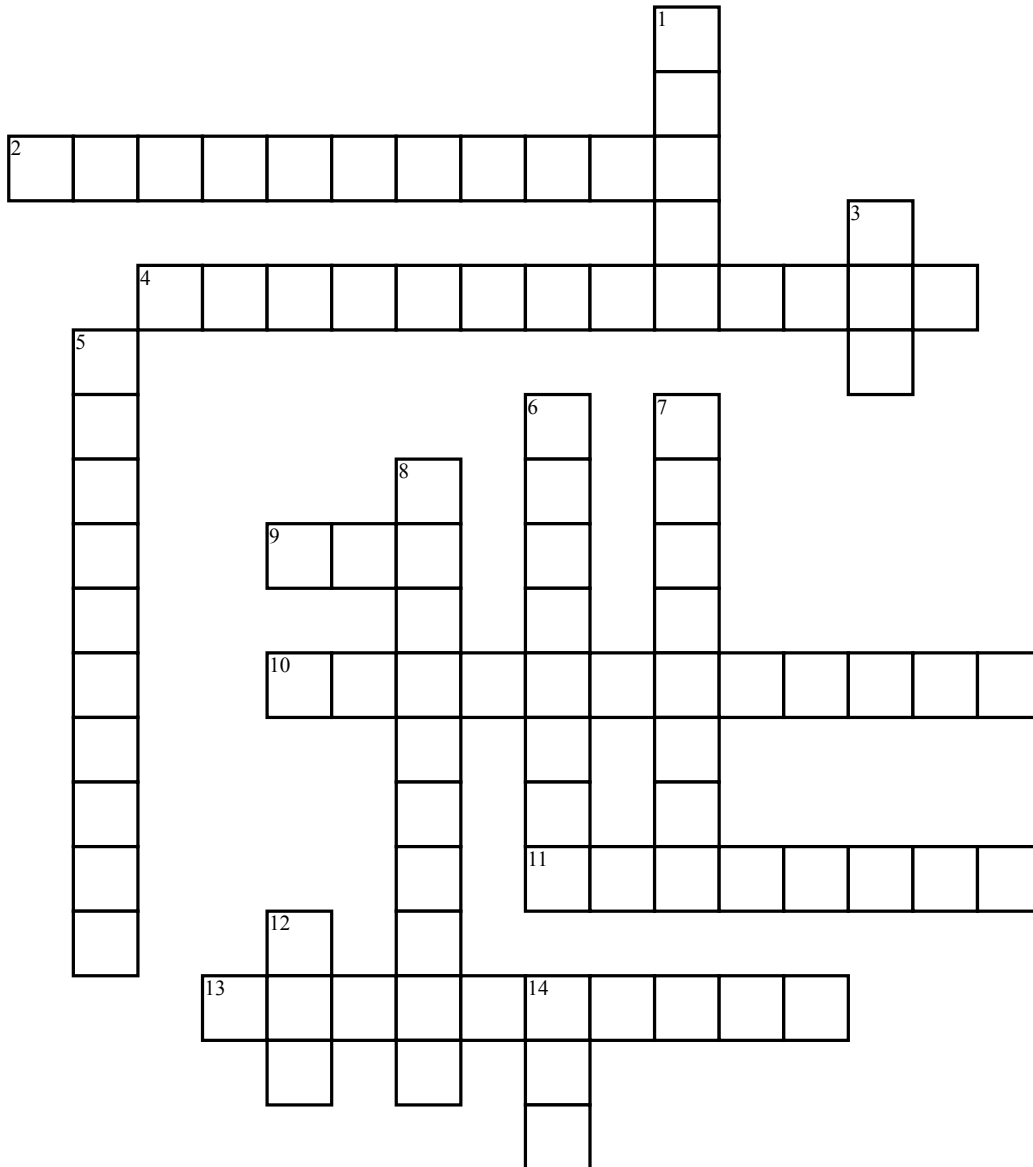


# Claims Processing and Payment Adjudication



**Across**

- 2. Measures the outstanding balances in each account
- 4. Agency that converts claims into a standardized electronic format
- 9. The transfer of electronic information in a standard format
- 10. Not contracted with the health plan
- 11. Written recommendation to see a specialist

13. The fixed amount an HMO provider receives

**Down**

- 1. A group of submitted claims
- 3. Document sent to the patient that outlines the amounts billed by the provider and what the patient must pay
- 5. Purchaser of the insurance
- 6. Additional information about types of services and part of valid CPT and HCPC codes

7. The difference between the provider's actual charge and the allowable charge

8. A claim that is inaccurate, incomplete or contains other errors

12. Processes Medicare Parts A and B claims

14. Form required if a provider believes that a service might not be covered by Medicare