

Name: _____

Health Insurance

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

URGENT CARE PROVIDER
MEDICAL EXPENSES
MEDICAL CARE
COPAYMENT
BENEFITS
APPEAL
TERMS

OUT OF POCKET LIMIT
HEALTH INSURANCE
PRE EXISTING
CONDITION
CONTRACT
POLICY
PLAN

INSURANCE COMPANIES
LEGAL GUARDIAN
DEDUCTIBLE
TREATMENT
MEDICINE
FUNDS