

Name: _____

Date: _____

MCA

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

PREREGISTRATION
ADJUSTMENT
PAYMENT
HIPAA
EDIT
HIT

ESTABLISHED
ENCOUNTER
SCHEULE
PASTE
CPT
TAB

CLEANCLAIMS
INSURANCE
BILLING
COPY
ICD

COLLECTIONS
MEDISOFT
CHARGE
HELP
PMP