

Name: _____

Date: _____

M.O.A. Terms Review Class Work

N X X K G R 1 S N B P D W X K V T M 0 1 V F T S
S 0 H C P A P F R T S O M S 5 A S L V O S I V O
B W U E K O A 5 0 L T R E R B I T A 5 T B F N E
D E C H C E Y S T B N E D E V N I T B E V M H S
E L R C E S C E O R U D I D I 1 F O D M O A D U
D B U S H T F A K E O R C R D W E T F V D C S P
U A O R C I O G B V C O A O E P N B R O 5 C I M
C V G E L I V N S U C E R Y M E E U I B D O A A
T I S L A N Y I C F A S E E I N B S V H B U M H
I E L E N V X P B S A A M N D I F W H V A N V C
O C F V O O C E N 1 0 H W O E L O I W L L T D E
N E D A S I M E T 5 N C R M M E N W R B A N 5 R
S R L R R C S K S K C R I H B R O S I S N U 1 A
I S I T E E 1 K I L O U T T I U I V T U C M F C
U T A R P P 5 O E A S P E N F T T P T A E B U I
G N O Y H W 0 O P L O T O O T A A M E W I E B R
U U W S H T 0 B B B M D F 5 M N N V N L E R C T
U O M N A R F B N B Y E F W 1 G A E A F O 1 R I
U C I O D C O B M X X Y D M H I L V M 1 C P E S
A C B S I H R K F L 5 F D I O S P M O C U F D P
V A 5 K B E M O A V P M A H C 1 X F U N W X I X
K R E E B C D V M N V I L 1 W A E S N M H M T X
H 1 5 T G K R O V E R O I Y 5 Y I X T T M P B 1
A P R 1 C S K E O S M Y N S H U N D Y S H H M W

Explanation of benefits
personal check
signature line
deductions
subtotal
invoice
debit

accounts receivable
purchase order
CMS-1500 form
medi-medi
writeoff
balance
memo

traveler's check
written amount
bookkeeping
medicaid
accounts
checks

TRICARE CHAMPUS
account number
money order
medicare
CHAMPVA
credit