

Name: _____ Date: _____

Medical Billing

1. SENRIUANC _____
2. ERCDO _____
3. ELAMDIC EDROCR _____
4. ACTTRBSA _____
5. UAITNINOR _____
6. IHPOSATL _____
7. GRSREOPS ROTRPE _____
8. ERTINDESS _____
9. RAOAULVICCASRD _____
10. ARDLEDB _____
11. RTUREFCA _____
12. LAEXNRTE TAIDU _____
13. ANARULTTCCO TNTADUSJEM _____
14. SURECOTY DSEAUNTTMJ _____
15. DNMAEGA ACER _____
16. AEMECDRI _____
17. IMDDEIAC _____
18. RROIP ARTINITOZOAUH _____
19. CIYOCCHIIDOOMOSCSD _____
20. DTLAAENIMRR NJTENCIOI _____

Word Bank

INSURANCE

CODER

MEDICARE

MANAGED CARE

TIREDFNESS

COCCIDIOIDOMYCOSIS

CONTRACTUAL ADJUSTMENT

COURTESY ADJUSTMENT

PROGRESS REPORT

EXTERNAL AUDIT

BLADDER

PRIOR AUTHORIZATION

MEDICAID

MEDICAL RECORD

FRACTURE

URINATION

HOSPITAL

ABSTRACT

INTRADERMAL INJECTION

CARDIOVASCULAR