

Name: _____

Date: _____

Medical Field Operations

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

nursing home
Correction
approval
medical
denial

eligibility
assistance
benefits
change
snap

application
caseworker
customer
cancel
case