

Name: _____

Date: _____

Medicare 1

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

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MAPDP

Drug Coverage
Medication
Premiums
Tricare
PPoM