

Name: _____

Date: _____

Medicare

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

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