

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Patient Access

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

AUTHORIZATION  
ELIGIBILITY  
IDENTIFIER  
EMERGENCY  
RELAY

VERIFICATION  
DRAWSTATION  
CARDIOLOGY  
SELF PAY  
COPAY

SWITCHBOARD  
DEDUCTIBLE  
REGISTRAR  
TEAMWORK

COINSURANCE  
SCHEDULING  
ADMITTING  
PARAGON