

Name: _____

Date: _____

Patient Access

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

Insurance Verification
Medical Necessity
Insurance Card
Coinsurance
Estimates
Indexer
Claims

Financial Counseling
Pre-Certification
Indigent Care
Deductible
Inpatient
Denials
Copay

Prompt pay discount
Pre-Registration
Registration
Scheduling
Diagnosis
Patient

Outpatient testing
Patient Access
Adjustments
Wait time
Consents
Coding