

Name: _____

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Registration Word Search

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

Insurance Verification
Patient Access
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Facesheet
Copayment
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Response History
Caregiver
Checklist
Teamwork
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