

Name: _____

Date: _____

Vital source

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

Nonparticipating provider
Primary care provider
Secondary payer
Primary payer
Gate keeper
Formulary
PPACA

Coordination of benefits
Medicare necessity
Primary policy
Birthday rule
Beneficiary
Dependent
NPI

Assignment of benefits
Point of service
Allowed amount
Locum tenes
Unbundling
Member