

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

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

# insurance and billing

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

explanation of benefits EOB

explanation of payment EOP

elective procedure

fee for service

allowed charge

dual coverage

clearinghouse

birthday rule

coinsurance

dependents

deductible

capitation

copayment

benefits