Across
1. this visit is available once every twelve months after the first twelve months of Part B coverage
2. the doctor you see first for most health problems
3. means that your doctor, provider, or supplier must accept the Medicare-approved amount as full payment for covered services
4. care that is usually given when an individual has decided that they no longer want care to cure terminal illness and/or one’s doctor has determined that efforts to cure an illness aren’t working.
5. a status for individuals getting emergency department services, observation services, surgery, lab tests, X-rays, or any other hospital services, and the doctor hasn’t written an order to admit them to a hospital as an inpatient
6. a written order from a primary care doctor for a patient to see a specialist or get certain medical services, often required by HMOs
7. in a PPO, you pay less if you use doctors, hospitals, and other health care providers that belong to the plan’s network
8. the percentage you pay for covered services after you have met your deductible
9. the amount one pays annually before the plan begins to pay. This does not apply to services that require a copay
10. services to prevent illness or detect illness at an early stage
11. in this type of plan you can only go to doctors, other health care providers, or hospitals in the plan’s network except in an urgent or emergency situation.
12. the plan contract that gives detailed information about the plan, including: what is and is not covered, what an individual pays, etc.
13. a fixed amount one pays to receive a medical service, usually at the time of service
14. the periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage
15. ESRD
16. a monthly summary sent to an individual to let them know what services were billed, what was paid by whom, and what amount the individual is responsible to pay.
17. is long lasting, used for a medical reason, and typically used in an individual’s home
18. a status for individuals starting when one is formally admitted to a hospital with a doctor’s order

Down
2. the doctor you see first for most health problems
4. care that is usually given when an individual has decided that they no longer want care to cure terminal illness and/or one’s doctor has determined that efforts to cure an illness aren’t working.
5. a status for individuals getting emergency department services, observation services, surgery, lab tests, X-rays, or any other hospital services, and the doctor hasn’t written an order to admit them to a hospital as an inpatient
6. a written order from a primary care doctor for a patient to see a specialist or get certain medical services, often required by HMOs
7. in a PPO, you pay less if you use doctors, hospitals, and other health care providers that belong to the plan’s network
8. the percentage you pay for covered services after you have met your deductible
9. the amount one pays annually before the plan begins to pay. This does not apply to services that require a copay
11. in this type of plan you can only go to doctors, other health care providers, or hospitals in the plan’s network except in an urgent or emergency situation.
12. the plan contract that gives detailed information about the plan, including: what is and is not covered, what an individual pays, etc.
14. the periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage
16. a monthly summary sent to an individual to let them know what services were billed, what was paid by whom, and what amount the individual is responsible to pay.