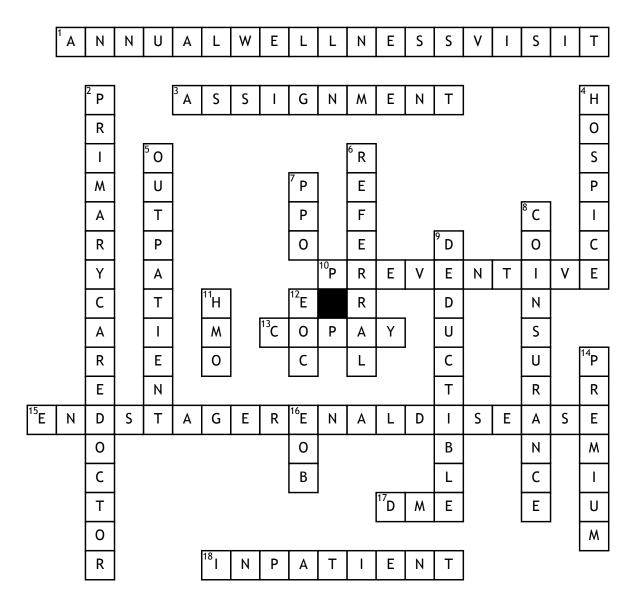
Name:	Date:

Medicare Terms



Across

- 1. this visit is available once every twelve months after the first twelve months of Part B coverage
- 3. means that your doctor, provider, or supplier must accept the Medicare-approved amount as full payment for covered services
- **10.** services to prevent illness or detect illness at an early stage
- **13.** a fixed amount one pays to receive a medical service, usually at the time of service
- **15.** ESRD
- **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.