Name: _____ Date: _____

Insurance

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

Commercial Insurance Plan
Medical Doctor Office
Healthcare Provider
Out of Pocket Max
Coinsurance
Start Form
Patient
Payer
Pharmacy Benefit Manager
Medicare Part D Plan
Prior Authorization
Registered Nurse
Non Covered
Provider
Dosage
Blue Cross Blue Shield
Formulary Exception
Specialty Pharmacy
Benefit Cap
Deductible
Covered
Copay