Name: _____ Date: _____

Medical

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

reinstatements
streamlines
stop loss
grievance
renewal

effective date
coinsurance
aggregate
alternate
maximum

fully insured
dependents
recission
networks
dental

application
deductible
ancillary
Pharmacy
claims