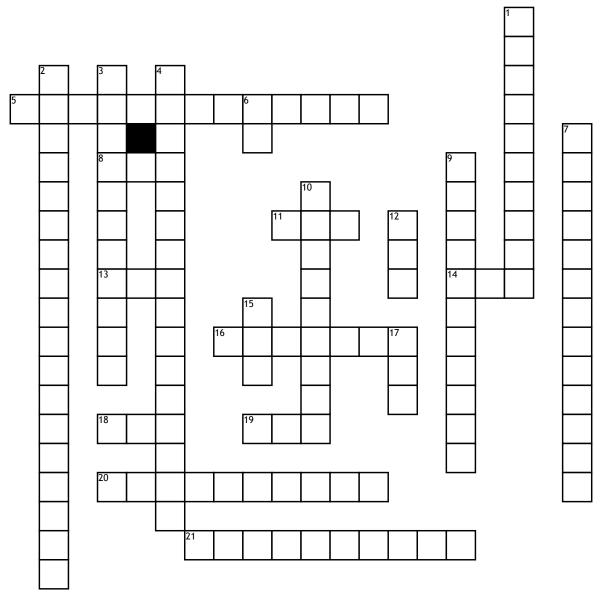
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Insurance Billing/Terminology



Across

- **5.** The amount the insurance company determines to be customary price for a service, usually less that what the provider charges?
- 8. National Provider Identification
- 11. Coordination of Benefits
- 13. Advance Beneficiary Notice
- 14. Centers for Medicare and Medicaid Services
- **16.** Payment for health insurance policy?
- 18. Fee-For-Service

- **19.** Used to identify a procedure on a claim form?
- **20.** The primary provider who arranges for specialists or hospitalizations?
- **21.** A complete correct claim or a claim with no errors?
- **1.** Family members of the insured are called?
- **2.** Common for insurance to require approval for?
- **3.** Fixed percentages of the cost of a service paid by the patient or a second insurance?

- **4.** The process of establishing the need for a service?
- **6.** Medigap
- **7.** The medical insurance policy that is billed first?
- **9.** A provider's list of charges for services provided.
- **10.** Fixed amount paid by the patient at the time of service?
- 12. Primary Care Provider
- 15. Diagnosis Related Group
- 17. Managed Care Organization