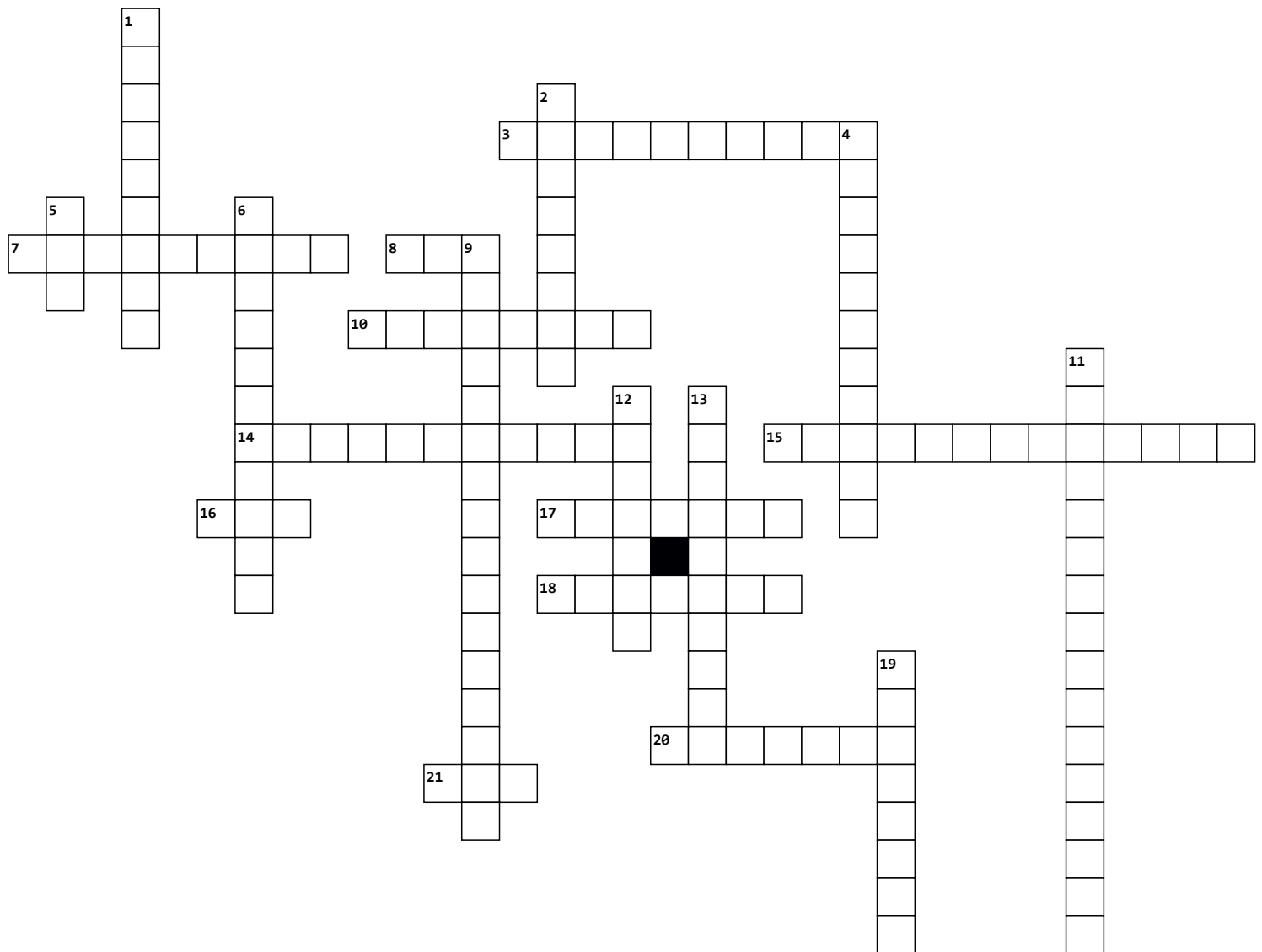


Health Insurance Terminology



Across

- 3.** An amount of money that an insured person must pay annually before health services are covered by the insurance plan.
- 7.** A fixed amount of money that the patient must pay for any health care service.
- 8.** The health care practitioner chosen by a patient to provide general medical care and also to determine and authorize additional medical services the patient may require.
- 10.** The directing of a patient to a specialist physician by the primary care provider. Most managed care plans and some other insurance plans require the primary care provider to obtain prior authorization.

Down

- 1.** An insurance carrier's official list of covered medications to be used by network providers.
- 2.** The federal health insurance program that provides insurance coverage for the elderly, permanently disabled, and individuals with end-stage renal disease.
- 4.** Enrollment status related to a health insurance plan.
- 5.** A statement issued by the insurance carrier explaining reimbursement for specific procedures.
- 6.** A person who can receive benefits under an insurance plan.
- 9.** Verification from a patient's insurance carrier that a procedure is covered by the patient's

14. A percentage of the allowed charge for health services, which the patient is responsible for paying.

15. The amount paid by insurance for health care services.

16. A physician who has a contractual agreement with a third-party payor.

17. An amount of money paid in a given period to purchase health insurance.

18. insurance The insurance company that must be billed first for any individual.

20. The individual who has a specific insurance plan.

21. Rules followed by insurance companies so that no claim is reimbursed at more than 100% of the charges.

insurance and/or agreement, after review, that the test or procedure is medically appropriate.

11. Verification from a patient's insurance carrier that a procedure is covered by the patient's insurance and/or agreement, after review, that the test or procedure is medically appropriate.

12. Payment for a covered service under a health insurance plan.

13. A method of paying for insurance in which a fixed amount is paid to the provider per member for a specific time period regardless of the amount of care provided.

19. The government insurance program for low-income individuals and families that is funded both by the federal government and by each individual state.