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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ADMISSIONS DESK

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

   OCCUPATIONAL THERAPY       SPEECH       PHYSICAL THERAPY       PHARMACY       PATIENT PORTAL       SOCIAL SECURITY NUMBER       COVENTRY HEALTH       CLAIM       CONSENT       PRIOR AUTHORIZATION       ORTHO       UNITED HEALTH CARE       WELLNESS       BLUE CROSS BLUE SHIELD       LAB       RADIOLOGY       CODES       POLICY       INSURANCE       MEDICAID       MEDICARE       AETNA       ADMISSIONS       OBSERVATION       ACUTE       SURGICAL PROCEDURE       EMAIL ADDRESS       CONTACT PERSON       DATA ENTRY       BILLING       EMERGENCY       ORDER       ELECTIVE       OUTPATIENT       INPATIENT