|  |  |
| --- | --- |
| 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 |

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