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Insurance Billing/Terminology

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| **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? | **Down**  **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 |