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

Team Work

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

   authorization       purpose       retrieve       rapport       facility       fax       date of birth       life legal       one hundred percent       medical       first call       story       pharmacy       recorded       provider       dates of service       patient name       request       billing       second call       follow up       business days       address       no record       no patient       method of delivery       customer service       teamwork       agents       ephraim       draper       india       xray       notes       verify       quality       suite number       commitment date       roc