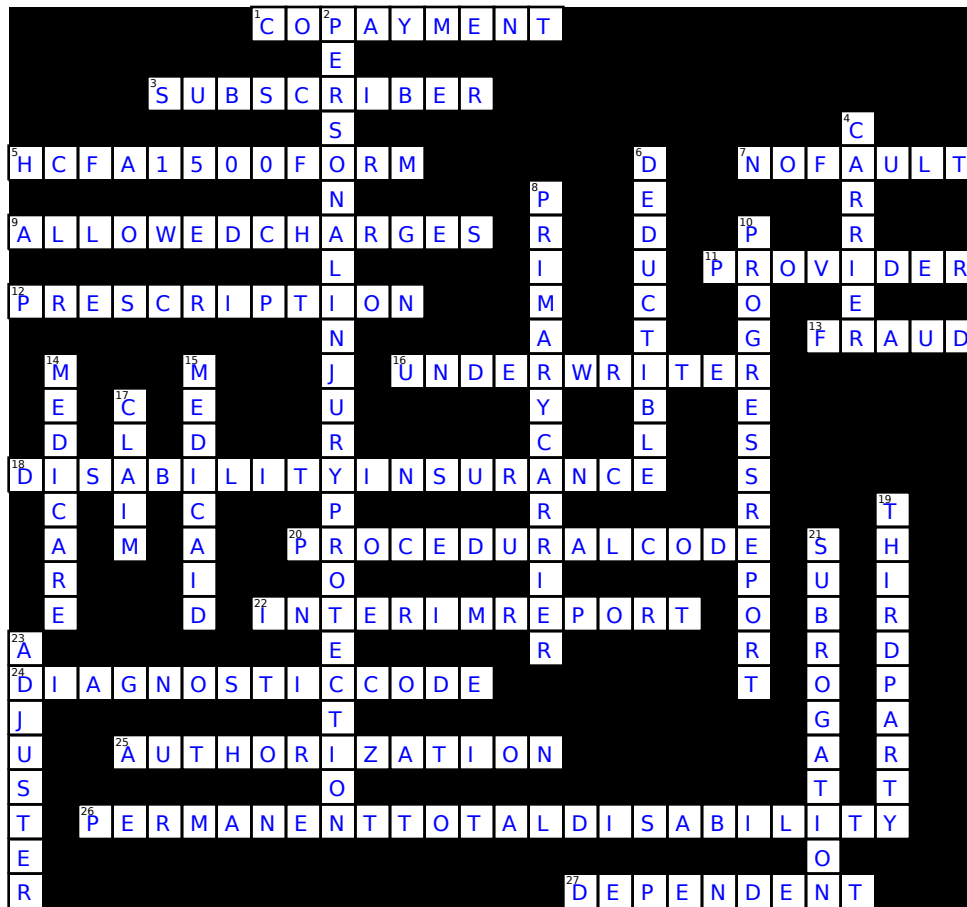


Insurance & Legal Terminology

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Across

- 1 The _____ is the portion the patient pays when his/her policy does not cover 100%.
- 3 The insured (the policyholder), sometimes also referred to as the member.
- 5 This is the claim form most widely accepted by insurance companies when billing for insurance-related services. Also known as the Universal Claim Form.
- 7 In states carrying this type of insurance, automobile insurance covers the medical expenses for you or your passengers in an accident, no matter who is at fault.
- 9 The maximum amount, according to the individual policy, that the insurance will pay for each procedure or service performed. A physician or any recognized practitioner providing skilled services, pursuant to the prescription, supervision or direction of a physician.
- 12 _____ or referral letter must come from a MD or chiropractor for the purpose of treating a diagnosed disease, illness or injury.
- 13 Deliberate misrepresentation of facts.
- 16 The insurance company or government agency that sets all policy benefits and establishes all procedural rules for determination of the payment of benefits.
- 18 Reimbursement for lost income resulting from a temporary or permanent illness or injury.
- 20 A statistical code system designed to communicate procedural data to insurance companies or other third-party payers.
- 22 Report to an insurance company (or attorney upon request) to update a patient's condition. (Send copy to physician.)
- 24 The statistical code number assigned by the World Health Organization for a specific diagnosis.
- 25 Permission from the insurance company to treat the patient.
- 26 A legal term referring to an injured employee's, diminished capacity to return to work to the previously held job, or to the work force in general.
- 27 A person financially supported by the policyholder; meets the legal requirement for inclusion in a policy.

Down

- 2 Automobile insurance to protect you in the event of an accident, regardless of fault.
- 4 The insurance company or self-insurers' fund.
- 6 Amounts payable by the policyholder before the insurance company is obligated to pay benefits.
- 8 The insurance company with primary responsibility for paying the majority of claim after the deductible has been met.
- 10 A detailed report or narrative filed to report any significant change in the patient's medical status.
- 14 A federal health insurance plan set up through the Social Security system, primarily for the elderly, blind and certain disabled people.
- 15 A federally aided, state-operated program of health care assistance, provided primarily for the elderly, indigent, disabled, blind, or families with dependent children.
- 17 Demand by the insured to recover payment under an insurance policy.
- 19 Someone with no direct legal or binding interest in a case.
- 21 The assumption of an obligation for which another party is primarily liable.
- 23 The insurance company's designated person handling the patient's insurance claim.