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- Medical Insurance: Financial plan (the payer) that covers the cost of hospital and medical care
- Policyholder: Person who buys an insurance plan; the insured, subscriber, or guarantor
- 3. Health Plan: Individual or group plan that provides or pays for the cost of medical care
- 4. Benefits: What a health plan pays for services covered in an insurance policy; listed in the schedule of benefits.
- 5. Medical Necessity: Reasonable services of provider (doctor or facility) consis- tent with professional medical standards.
- 6. Covered Services: Determined as being medically necessary and both reason- able and consistent with the standards for the diagnosis or treatment of injury or illness.
- Non-covered Services: Medical procedures not covered in a plans benefits.

Billing And Coding Study Guide

Lisa Lambert

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