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- 1. Medical Insurance:** Financial plan (the payer) that covers the cost of hospital and medical care
- 2. 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) consistent with professional medical standards.
- 6. Covered Services:** Determined as being medically necessary and both reasonable and consistent with the standards for the diagnosis or treatment of injury or illness.
- 7. Non-covered Services:** Medical procedures not covered in a plans benefits.

# Medical Billing And Coding Study Guide

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