



Health Communication Tips

Want to be a better health communicator? Health Research for Action created these user-friendly tip sheets to help you craft more effective health communications.

- Facts About Clear Health Communication
- Tips for Clear Health Communication
 - Creating Easy-to-Read Content
 - Planning Easy-to-Read Documents
 - Designing Easy-to-Read Documents
 - Creating Engaging Documents
 - Writing Easy-to-Read Documents
- Readability for Clear Health Communication
- Common Managed Care Terms and Suggested Alternatives
- Plain Language Word List

Facts About Clear Health Communication

Health Literacy

Readability Scales

Facts About Health Literacy

Health literacy is a person's ability to read, understand, and act on health information. Examples of "health information" include instructions on prescription drug bottles, health education booklets, a doctor's written and oral instructions, and a letter about Medicare changes.

Why is health literacy important?

Limited health literacy affects millions of people and costs billions of dollars each year. Limited health literacy also keeps people from getting the most from their health care.

People with limited health literacy skills struggle to understand information they need to make health care decisions. They have more difficulty navigating the health care system.

Compared to people with stronger health literacy skills, people with limited health literacy:

- Have higher rates of hospitalization.
- Use more emergency services.
- Make more medication and treatment errors.
- Take fewer preventive health measures.

What can we do about limited health literacy?

Clear health communication is one of the easiest ways to help those with limited health literacy. Even adults with strong reading skills will appreciate steps toward clearer communication! Organizations can apply the techniques presented in these tip sheets to improve the readability and usability of their health information materials.

Know the Facts

- 90 million people in the U.S. — almost half the population — have limited health literacy skills.
- In California, most health care materials are written above the 10th grade reading level. The average Californian reads at the 7th grade level.
- The average adult reads 3-5 levels below the highest grade completed. This means that someone with a 12th grade education may read at the 7th grade level.
- Limited health literacy affects everyone. Even people with strong literacy skills have trouble understanding complex health information.

Want more information?

To learn more about clear writing, materials assessments, and on-site health communication trainings for your staff, please contact **Beccah Rothschild** at beccah_rothschild@berkeley.edu or (510) 642-0415.

Tips for Clear Health Communication

Planning

Content

Writing

Design

Tailoring

Creating Easy-to-Read Content

The way you organize document content is critical to communicating effectively with your readers. For example, stating your main message first helps the reader know what is most important. Follow these tips to ensure that your readers “get the message.”



Tips for Clear Content

- Present the main message in the title, so readers understand why they should read the document.
- Focus your document on one to three main messages. Omit information that is not directly related to your main messages.
- Use headings to organize information and guide the reader through the document.
- Order sentences, paragraphs, and sections in a clear and logical way. Group similar messages together and separate unrelated messages.
- Relate each sentence to the sentences around it. Use repetition, parallel construction, and linking phrases.
- Break up complex topics into manageable parts.
- Clarify action steps your reader should take through numbered lists and illustrative graphics.

Questions to Ask About Content

1. What are the main messages?
2. What is the best order in which to present these messages?
3. What other information is needed to support the main messages?
4. What design tools, such as headings or lists, can you use to highlight the main messages?
5. What actions do you want your readers to take? How can the content highlight those steps?

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Planning Easy-to-Read Documents

Creating a document that is easy-to-read and -understand requires patience and planning. This means that you must think about different aspects of your document, from content to design, before you ever sit down to write. Planning will help you consider your document from many perspectives. This will help you create a clear, easy-to-read piece, tailored to your reader.



Tips for Planning

- Identify your audience and research its demographic (e.g., gender, race, age). Tailor your document to a specific audience. For example, you would likely use a more casual tone if writing to teens rather than seniors.
- Decide, based on audience familiarity with your topic, how much detail to include. For example, you need to define terms like “insulin” for someone recently diagnosed with diabetes, whereas someone diagnosed years ago will be more familiar with the term.
- Define your objectives for the document. For example, do you want the reader to fill out and return a particular form? Your objective will serve as a compass throughout the writing process: If an element detracts from your objective, leave it out.
- Think about how you will present information visually. Are you writing a brochure? A form letter? How will you highlight main messages? Think about design and layout techniques, such as headings and bulleted lists. These will help you organize information and highlight main messages.

Questions to Ask When Planning a Document

1. Who is my audience? What are the audience:
 - Demographics?
 - Attitudes about the topic?
 - Beliefs about the topic?
2. How familiar is my audience with the content?
3. What is the main objective of my document?
4. What should this document look like?

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Tips for Clear Health Communication

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Design Easy-to-Read Documents

Good design can help the reader understand the message. A well-designed document is also visually appealing. Follow these tips to create well-designed documents for your readers.



Tips for Clear Design

- Create white space. Use wide margins and space between paragraphs and columns of text.
- Use titles and headings to organize content. Maintain a clear hierarchy between headings and subheadings.
- Use bulleted lists to break up blocks of similar information. Use numbered lists to guide readers through action steps. Limit lists to 3-7 bullet points or action steps.
- Use check boxes or a question-and-answer format to involve your readers.
- Use a sans serif font (such as ARIAL) for headers and a serif font (such as TIMES) for larger blocks of text.
- Use at least a 12-point font for a general audience and a 14-point font for seniors.
- Use graphics and photos that are relevant to the reader.
- Ensure strict contrast between paper and print colors. Black print on light paper looks the best.

Common Design Mistakes

1. **Too many styles in one DOCUMENT.** Limit emphasis to your main points so the reader will know what is important.
2. **MULTIPLE STYLES at the same time.** Consider using only bold for emphasis.
3. **Too many fonts** and font sizes. This can clutter the document's appearance. Use no more than 2 font types and 2-3 font sizes.
4. *Italics* or CAPITALS for emphasis. Use **bold** or underline instead.
5. Dense blocks of text. Smaller text blocks are less overwhelming and more easily understood.

Want more information?

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Creating Engaging Documents

One of the keys to effective health communication is engaging your audience. Readers are more likely to respond to a document if they can relate to its style and message. Follow these tips to tailor your message and engage your readers.



Tips for Engaging your Audience

- Think about your content from the reader's perspective as you plan your document.
- Write in a tone and that will appeal to your audience. For example, when targeting Latino elders, you may use different language and examples than for Caucasian new mothers.
- Create relevant titles and headings that draw your readers into the document. Use check boxes or a question and answer format to engage your readers.
- Use relevant examples from readers' experiences.
- Illustrate messages and recommended actions with pictures or graphics.
- Personalize documents with the reader's name and other relevant information when possible and appropriate.
- Involve readers in the development of documents. This will ensure that the documents are interesting, interactive, and demographically appropriate.

Connecting with Readers

1. Does the document list the most important information first?
2. Put yourself in the reader's place. What would you want or need the document to say?
3. Do you engage the reader through the use of personal pronouns like "you" and "we"?
4. Are specific directions clearly outlined in the text or shown in the graphics?
5. Is there space for your readers to write down notes or questions?
6. Are examples age, gender, and culture appropriate?

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Writing Easy-to-Read Documents

Writing should be clear and concise. To be easily understood, documents need to be short and simple. Follow these tips to create well-written documents.



Tips for Clear Writing

- Use short, familiar words such as “doctor” instead of “physician.”
- Define new words and concepts in simple language. Clarify with concrete examples.
- Use sentences of 15 words or less. Eliminating unnecessary words and phrases breaks up compound sentences.
- Use active language. For example, instead of “she was called by the doctor,” say “the doctor called her.”
- Use personal pronouns, like “you” and “we,” to interact with your readers.
- Focus on being clear and consistent, rather than on the reading level. Use readability scales only as a guide.
- Edit. Read your document aloud to spot errors. Leave time for yourself and others to review your documents.

Common Writing Mistakes

1. Too much jargon

Instead of: Contact your Primary Care Physician.
Try: Call your main doctor.

2. Unclear pronoun references

Instead of: The patient needs to talk about *his* health problems with *their* doctor.
Try: The patient needs to discuss *his* health problem with *his* doctor.

3. Non-parallel construction

Instead of: Buy *some apples*, pears, and *a few figs*.
Try: Buy *some apples*, *pears*, and *figs*.

4. Use of singular and plural

Instead of: *A reader* likes clear writing to help *them* take action.
Try: *A reader* likes clear writing to help *her* take action.

5. Passive voice

Instead of: The document *was written by* Jane.
Try: Jane *wrote* the document.

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Readability for Clear Health Communication

Health Literacy

Readability Scales

The Basics of Readability Scales

“Readability” refers to how easy or difficult a document is to read. You can use computer software or hand assessment methods to determine readability. When you write for limited-literacy populations, aim for a reading level of 6th grade or less.

What are the benefits of using readability scales?

- They are easy to use and understand.
- They give a concrete benchmark of a document’s reading level.
- They remind writers to use simple words.

What are the limitations of readability scales?

Readability formulas are not perfect. They do not account for:

- The impact of design and layout.
- The complexity of some concepts.
- Cultural sensitivity and relevance.
- A reader’s familiarity with content.
- A reader’s eagerness to learn about the material.

Which readability formulas should I use?

- Flesch Reading Ease: This scale rates readability on a 100-point scale. The higher the score, the easier a document is to read and understand.
- Fry, Gunning Fog, and SMOG: Based on the U.S. education system, these determine a document’s reading grade level. For example, a score of “6” means that a reader would need to have completed the 6th grade to understand the text.

Using Readability Software*

- Use a sample with at least 30 sentences, or 300-500 words.
- Choose a sample from the middle of the text; first and last sentences are not usually representative of a document as a whole.
- Include only complete sentences in your sample.
- Unless your software does it for you, “clean up” your text before you test. This means deleting:
 - Headers and sub-headers.
 - Incomplete sentences.
 - Bullets.
 - Extraneous periods.

* We recommend
Readability Calculations from
Micro Power & Light.
Please call
(214) 553-0105
for more information.

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Common Managed Care Terms and Suggested Alternatives

These terms and phrases are commonly used words in health care. While they are easily understood by health care providers and health insurance representatives, many people find this language unfamiliar and confusing. This glossary is designed to help you write documents that are more easily understood by your members.

If there are words or phrases that you frequently use that do not appear on this list, please email them to Beccah Rothschild, Director of Health Literacy Projects, to have them added (beccah_rothschild@berkeley.edu). HRA will update this list on a quarterly basis.

A	Term	Definition
	access	Your ability to get health care services.
	actuary	Someone who works with insurance companies to figure out how much it costs to provide health care to people.
	acute care	Medical care for people who need care right away but not for a long period of time. “Acute care facilities” are hospitals that mainly treat people with short-term health problems.
	adjudication	The process used to settle provider claims. Decisions are based on the agreement between the provider and the health plan.
	admitting privileges	A doctor’s right to let a patient stay in a certain hospital.
	advocacy	Help to get you something that you want or need.
	aggregate indemnity	The most a health plan will pay for a covered service.
	alliance	Large businesses, small businesses, and individuals who form a group to get insurance coverage.
	ambulatory care	Health care services that do not involve spending the night in the hospital. Also called “out-patient care.”
	ancillary services	Extra services, like lab work and physical therapy, which a patient gets in the hospital.
	assignment of benefits	When a member asks that benefits be paid directly to the provider.
	average length of stay	The average number of days someone stays in the hospital.
	average wholesale price	The price pharmacists use to decide how much to charge for prescription drugs.

B	Term	Definition
	beneficiary	A person who can get benefits under a health plan.
	benefit	The amount a health plan pays when you get health care services or treatments.
	benefits package	All the services covered by a health plan.
	bill	A statement that tells you how much you owe for health care. The amount on the bill is what your health plan will not pay.
C	Term	Definition
	cafeteria plan	A benefit plan that gives workers a set amount of dollars and lets them choose which health care and other benefits they want. For example, workers could use their benefit dollars to get dental insurance.
	capitation	A fixed amount doctors or hospitals get paid for providing health care services. This amount is the same per person served, no matter what types of services people get.
	care guidelines	A basic set of services that patients with certain health problems should receive. Government agencies often decide what these basic services should be.
	carrier	A private group, usually an insurance company, which pays for health care.
	carve-out	Medical services that are contracted for, independently from any other benefits.
	case management	A service to help patients get the health care they need.
	catastrophic health insurance	Health insurance that covers only major hospital and emergency costs. Catastrophic health insurance often has a high deductible. This means that you must pay a large amount before insurance starts to pay.
	Centers for Medicare and Medicaid (CMS)	The federal agency that controls Medicare and Medicaid. CMS is part of the Department of Health and Human Services.
	Certificate of Authority (COA)	A license from the state that allows a health plan to cover health care services. All health plans need a COA.
	chronic care	Health care for people with constant, long-term health problems.

chronic disease	A health problem that will not improve, or that goes away and comes back or lasts forever. Diabetes, asthma, high blood pressure, and depression are examples of chronic diseases.
Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)	The health plan that covers dependents of active and retired people in the military.
claim	A request that your health plan pay for a health service. Either you or your provider files the claim.
COBRA/Cal-COBRA	Federal laws that help employees and their families keep their health insurance if their job ends or their hours are cut.
co-insurance	The money you have to pay for health services after you have paid the deductible.
concurrent review	A way to see how long a person stays in the hospital. A concurrent review also looks at how many health care services a person gets.
consent form	A form you sign that says you agree to receive a certain health care service or treatment.
cooperatives/co-ops	Health plans managed by members. Co-ops give smaller groups the chance to get the health benefits that larger groups get.
co-payment/co-pay	A fee you pay each time you see a doctor or fill a prescription.
cost containment	A way of keeping health care costs from going beyond a certain point. This is done by keeping the health care system as efficient as possible.
cost sharing	A health plan in which you pay for some of your health care costs. Deductibles, co-insurance and co-payments are examples of cost sharing.
cost shifting	When certain patients—like people who do not have health insurance—do not have to pay for health care. Health care providers then pass these costs to other groups of patients.
coverage	Health care costs that are paid for by your health insurance or by the government.
covered benefit/services	Services that a health plan pays for.

D	Term	Definition
	deductible	The amount you must pay for health services before your insurance starts to pay.
	demand management	Ways to limit members' using health care services they do not really need. Encouraging members to call health help lines instead of making doctor appointments is a kind of demand management.
	denial of claim	When a health plan says it will not pay for your health care services.
	diagnostic related groups (DRGs)	DRGs group types of hospital cases based on the kinds of health problems treated and resources used. DRGs are used mainly to decide how much to pay a hospital for a service.
	direct access	The ability to see a doctor or get health care without a referral from your main doctor.
	disease management	Programs for people who have chronic diseases, like asthma or diabetes. These programs teach you to live in healthy ways, take medications the right way, and more.
	disposable personal income	The money you have left after paying for basic needs, such as rent, food, and clothing.
	drug formulary	A list of medicines a health plan will pay for.
	durable medical equipment (DME)	Medical equipment—like hospital beds and wheelchairs—that can withstand heavy use. That means it can be used over and over again and by many people.
E	Term	Definition
	elective	A service or treatment that you and your doctor plan ahead of time and that is not always medically necessary.
	eligibility	A way to make sure that you are covered before you get health care services. If you are not covered, you are “ineligible” and cannot get care.
	emergency	A health problem that starts suddenly and needs care right away.
	Employee Assistance Programs (EAPs)	Programs that help employees who have physical or emotional problems get better and return to work.

	Employee Retirement Income Security Act (ERISA)	The federal law that regulates and enforces employee benefit and retirement plans.
	employer contribution	The money a company pays for its employees' health plan.
	enrollee	The person who is covered by a health plan. An enrollee does not get coverage through a family member.
	enrollment area	The zip codes where you must live to qualify for health plan coverage. Different health plans have different enrollment areas.
	Evidence of Coverage (EOC)/evidence of prior coverage	Your contract with a health plan. The EOC tells you for what the health plan will and will not pay.
	exclusions	Medical services that a health plan will not cover.
	Exclusive Provider Organizations (EPO)/Exclusive Provider Arrangement (EPA)	A plan that covers people only if they get care from contracted doctors and hospitals.
	exclusivity clause	Part of a provider's contract with a health plan. It says that the provider cannot work with more than one health plan.
	expedited review	A process to help you get the care you request from your health plan more quickly.
F		
	Federal Employee Health Benefit Program (FEHBP)	A health program for federal workers and their dependents. Federal workers may choose which health plan they want.
	fee for service (FFS)	A way of paying for health care. Under this system, providers are paid for each service they provide.
	first dollar coverage	A system in which insured people do not have to pay for their care. These people do not have deductibles or co-pays.
	flex plan	A system that lets workers put pre-tax dollars in special accounts to use to pay medical costs, childcare, and other health services.
	freedom of choice	The right to choose your main doctor.

G	Term	Definition
	gag clause	An agreement between a health plan and a provider. This agreement limits what the provider can say about the health plan.
	gap in coverage	When you have 63 days or more in a row without health insurance. If the time without insurance is less than 63 days, it is easier to get care for pre-existing health problems.
	gatekeeper	Usually your main doctor. The “gatekeeper” decides which services you can get and which other doctors you can see.
	general practice	Doctors who offer a wide range of health care services to patients. These doctors do not have extra training in one special area of medicine, such as surgery.
	global budgeting	A way of keeping hospital costs low. In this system, a group of hospitals shares a budget and sets a limit on the amount of money they will pay for health care.
	grievance procedure	The process for dealing with complaints from members, providers, or the health plan.
	group coverage	Health insurance that you get through a group, such as your employer or union.
	group model HMO	An HMO that contracts with a group that offers medical services. The HMO pays this group a set amount of money each month for each member.
	guaranteed issue	A rule that says a health plan must cover anyone who applies for coverage. The rule also says that the health plan must cover members as long as they pay the plan premium.
H	Term	Definition
	health care decision counseling	Services that help people make informed decisions about their health care. This counseling helps people look at their personal as well as their medical needs before they decide what to do.
	health insurance	Help paying for health care costs.
	Health Insurance Portability and Accountability Act (HIPAA)	Under HIPAA, you cannot be denied coverage when you change jobs. It also keeps health plans from denying you coverage based on pre-existing conditions. And it says that your health information must be kept private.

Health Insurance Purchasing Cooperatives (HIPCs)	Groups that get health coverage for certain people. These groups lump people into regions and base insurance rates on people in that area.
Health Maintenance Organization (HMO)	A kind of health insurance plan. HMO members must get services through doctors, labs, and hospitals that contract or work with the HMO.
health plan	Any group that covers health care services. HMOs and self-funded plans are examples of health plans.
Health Plan Employer Data and Information Set (HEDIS)	Performance measures designed by the National Committee for Quality Assurance. These measures tell health plans and employers about the value of their health care. They also show how well a health plan performs compared to other health plans.
health reimbursement arrangements (HRAs)	Health care accounts that employers fund for covered workers or retired persons. The IRS does not tax this money and allows any money left in these accounts at the end of the year to roll over to be used the next year.
hold harmless clause	Part of an agreement between a provider and a health plan. The agreement says that neither party will file a malpractice suit or sue over financial difficulties.
home health care	Skilled nurses and trained aides who provide nursing services and related care in your home.
hospice care	Care given to terminally ill patients. Terminally ill patients are people who are expected to die within a short period of time.
hospital alliances	Groups of hospitals that join together to cut their costs. They do this by buying services and equipment in bulk.

I	Term	Definition
	indemnity health plan	Indemnity health plans pay all insurance claims. Indemnity health plans do not use deductibles or co-pays.
	Independent Medical Review (IMR)	An IMR studies your medical needs to decide if you need a certain type of service or treatment. Your health plan must let you get the care if an IMR decides you need it.
	Independent Practice Association (IPA)	A group of providers who have a contract with a health plan but keep a separate practice. Providers have more control under an IPA.

	indigent care	Care provided, at no cost, to people who do not have health insurance. This includes people not covered by Medicare, Medicaid, or other public programs.
	individual contract	An agreement between you and your health plan that says what health benefits are covered.
	in-patient	When someone is admitted to a hospital or other health facility for at least 24 hours.
	Integrated Delivery System (IDS)	An organization that usually includes a hospital, a large medical group, and an insurer like an HMO.
	integrated provider (IP)	A group of providers that coordinates health care. IPs usually work with a variety of medical facilities and service groups, such as hospitals and health plans.
J	Term	Definition
	Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)	An organization that accredits health care organizations and agencies. JCAHO sets guidelines for how these groups must operate.
L	Term	Definition
	length of stay (LOS)	The amount of time you spend in a hospital or in-patient facility.
	limitations	The most—in terms of cost and services—a health plan will cover.
	limited service hospital	A hospital, often in a rural area, that provides a limited number of medical services. For example, it may provide emergency care but not surgical care.
	long-term care policy	Insurance that covers care for persons with chronic disease or disabilities. Covered services often include adult day care, home health care, hospice care, and skilled nursing care.
M	Term	Definition
	malpractice insurance	Coverage for medical professionals, like doctors and nurses. This coverage protects them if they are accused of providing poor quality care. For example, malpractice insurance covers doctors' legal fees if they are sued for giving poor-quality care.
	managed care	A system that tries to control the cost and quality of the medical services and treatments people receive.

Managed Care Organization (MCO)	An insurance organization that arranges benefits through managed care. An HMO is a type of MCO.
mandate	A law that requires a health plan to offer a certain service or type of coverage.
maximum dollar limit	The most an insurance company will pay for claims made within a certain period of time.
means test	A way of looking at a person's income to decide if that person qualifies for public help, such as Medicaid. A means test can also be applied to entire families.
Medicaid	An insurance program for people with low incomes who cannot afford health care. Medicaid is funded by the federal government and run by each state. In California, the Medicaid program is called Medi-Cal.
Medi-Cal	Medi-Cal is California's Medicaid program.
medical group	A group of doctors who have a business together. These doctors contract with a health plan to provide services to members.
medically indigent	A person who does not have health insurance. A medically indigent person is not covered by Medicaid, Medicare or other public programs.
Medical IRAs	Personal accounts that allow you to save money for future use. The money in these accounts is not taxed, and you must use it to pay for medical services.
medical loss ratio	The cost of health services delivered compared to the revenue received for these services.
Medicare	A federal insurance program for people 65 and older and some people who are permanently disabled.
Medigap insurance policies	Private insurance that helps cover the services and costs that Medicare does not pay.
member	A person who is enrolled in a health plan.
membership card	An ID card that proves that you are a member of a certain health plan.
mental health provider	A person or place licensed to provide mental health services.

N	Term	Definition
	National Committee on Quality Assurance (NCQA)	An independent national organization that accredits managed care plans. NCQA measures the quality of care offered by managed care plans.
	network	All the doctors, labs and hospitals that have contracts with an HMO or work for it.
	non-contributory plan	A group insurance plan for employees. These employees do not have to pay anything for their health care coverage.
	non-participating provider	A provider who does not contract with your health plan. Usually, you must pay your own health care costs to see a non-participating provider.
	nurse practitioner	A nurse who provides primary and specialty care to patients.
O	Term	Definition
	open-ended HMOs	HMOs that let members use doctors and other providers who do not have contracts with the health plan. Members get some or all of the cost of the services paid for when they see a non-plan provider.
	open enrollment period	The time when you can re-enroll in the health plan you are already in or choose to enroll in another health plan. You can usually do this without waiting periods or proof of insurance.
	open panel	The right to get non-emergency covered services from a specialist without a referral.
	outcomes	Measures that determine how well a kind of medical treatment works.
	out-of-area	Services provided outside an HMO's geographic service area.
	out-of-plan	Physicians, hospitals, and other health care providers that do not contract with a particular HMO. Services from out-of-plan providers may not be covered by the HMO.
	out-of-pocket maximum	The most you have to pay for health services. Once you have paid this amount, your insurance pays 100% of your health care costs.
	outpatient	Someone who gets health services or treatments but does not stay overnight at a hospital. Some services and treatments will only be covered by insurance if you get them as an outpatient.

P	Term	Definition
	partial hospitalization	Programs offered by hospitals in which the patient starts treatment in the hospital but then continues treatment as an outpatient. For example, many drug treatment programs are considered “partial hospitalization.”
	participating provider	A health professional who contracts with a health plan. This health professional delivers medical services to covered members.
	payer	The organization that pays for the costs of health care services. A payer may be a private insurance company, the government, or an employer's self-funded plan.
	Peer Review Organization (PRO or PRSO) appropriate	An agency that tracks the quality of medical care delivered to Medicare and Medicaid patients. A PRO also makes sure that Medicare and Medicaid patients get the kinds of services they need.
	percent of poverty	“Percent of poverty” refers to the highest income a person or family can have to qualify for Medicaid.
	physician’s assistant (PA)	A health professional who is not a doctor but who provides care to patients. A doctor supervises a PA.
	play or pay	This health care system would provide coverage for all people. The system would require employers to either: <ul style="list-style-type: none"> • Provide health insurance for their employees and dependents (play), or • Help cover uninsured or unemployed people who do not have private insurance (pay).
	point-of-service plan (POS)	A type of health plan in which members pay less but have more limited choices of covered services and treatments. A POS is a less common type of health plan.
	portability	Your ability to keep your health coverage during times of change. Such times include changes in employment or marital status, or changing from one health plan to another.
	post-natal care	Health care services for women after they have a baby.
	pre-admission certification, pre-admission review	A review of your health condition before admitting you to the hospital. A case manager usually completes this review.

	pre-admission testing	Medical tests you get before you are admitted to a hospital or an in-patient facility.
	pre-authorization	The process of getting approval from your health plan before you get services. This process lets a provider know if the health plan will cover a needed service.
	pre-existing condition (PEC)	A health problem that you had before you became a member of a health plan. Health plans do not always cover services to treat pre-existing conditions.
	Preferred Provider Organization (PPO)	A kind of health plan that allows members to choose from a larger number of doctors.
	premium	A monthly fee you pay for health care coverage.
	premium cap	The maximum amount of money an insurance company can charge for coverage.
	premium tax	A state tax on insurance premiums.
	pre-natal care	Health care services for women while they are pregnant.
	prepaid group practice	A type of health plan that pays participating providers a fixed amount before they provide services.
	preventive care	Health care services that help prevent disease. Flu shots and Pap smears are examples of preventive care.
	primary care provider (PCP)	Your main doctor, who provides most of your care. A PCP also coordinates your other health care services and treatments.
	prior authorization	The process of getting approval before you get access to medicine or services. This process does not guarantee coverage.
	private insurance	Health insurance sponsored by employers.
	provider	Any person, clinic or group that gives a member health care services.
	Provider-Sponsored Organization (PSO)	Health care providers who form a partnership to insure an enrolled population.
Q	Term	Definition
	quality assessment	A measurement of the quality of care.
	quality assurance and quality improvement	A process to improve the quality of health care.
	Quality Improvement Organization (QIO)	An organization that contracts with the Centers for Medicare and Medicaid Services (CMS). QIO looks into the quality of care provided to Medicare members and monitors whether the services provided are medically necessary.

	quality of care	A measure of how well health services result in desired health outcomes.
R	Term	Definition
	reasonable and customary fees	The average fee charged by a particular type of health care provider within a geographic region.
	referral	Permission to get care from a different doctor or hospital. Doctors and health plans can make referrals.
	reimbursement	The amount paid to providers for services they give to patients.
	retrospective review	A process that determines if an already-received service was necessary and billed properly.
	risk	The chance that an insurance company will lose money. “Risk” also refers to how likely a person is to have health problems. These health risks usually stem from lifestyle choices.
S	Term	Definition
	second opinion	Advice you get from a second doctor when your doctor: <ul style="list-style-type: none"> • Gives a diagnosis, or • Recommends surgery or another kind of treatment.
	self-insured	When an employer pays for employees’ medical care—not an insurance company. This puts the employer at risk for its employees’ medical expenses rather than an insurance company.
	service area	The geographic area a health plan serves.
	short-term disability	An injury or illness that keeps a person from working for a short time. Different insurance companies define “short-term” differently.
	Single Payer System	An idea for changing the health care system. Under this idea, taxes would pay for health care—not employers and employees. Instead, all people would have coverage paid by the government.
	socialized medicine	A health care system run and paid for by the government. Canada has this kind of system.
	specialist	A doctor who has extra training in a special field. For example, some doctors are specialists in children’s health or cancer treatment.
	staff model HMO	A type of managed care system where the health plan employs its own doctors. These doctors often work in the health plan’s own health facility.

	standard benefit package	A set of benefits that all people who are covered by a health plan get.
T	Term	Definition
	Temporary Assistance to Needy Families (TANF)	A state program that gives cash to children and their caretakers. TANF guidelines also help determine if a person qualifies for Medicaid.
	third party administrator (TPA)	An organization that processes health plan claims but does not carry any insurance risk.
	third party payer	An organization other than the patient or the provider that pays for health services.
	traditional care	A type of care focused on the relationship between the patient and the doctor. In traditional care, patients can choose which doctor they want to see. Providers can offer whatever services they feel are necessary.
U	Term	Definition
	uncompensated care	Health care for people who cannot pay and who are not covered by insurance. This includes charity care and the cost of services that were billed but never paid.
	underinsured	People who have health insurance but not enough to cover their health care costs. For example, people who have a high deductible are often underinsured.
	underwriting	A process used by health plans to assess a potential member's health problems and health risks. If a potential member has many health problems or many health risks, the health plan may: <ul style="list-style-type: none"> • Deny that person coverage, or • Charge the person a higher premium to get coverage.
	uninsured	People who do not have any health insurance.
	Universal Coverage	An idea for changing the health care system. Under Universal Coverage, all people would get health insurance.
	urgent care	Urgent care is care for health problems that are not emergencies but need attention quickly. A sprained ankle is a health problem that would require urgent care.
	utilization	A measure of how many times people use certain health care services during a specific time period.

	utilization management	Utilization management involves coordinating how much care people get. It also determines each patient's level or length of care. The goal is to make sure that patients get the care they need without wasting resources.
	utilization review (UR)	Utilization reviews (UR) assess how effective health care services are. UR outcomes are based on: <ul style="list-style-type: none"> • How necessary and appropriate services are, and • How efficiently providers supply services.
W	Term	Definition
	waiting period	A period of time when you are not covered by insurance for a certain disease or other health problem.
	wellness	Programs to promote preventive medicine and ways to improve lifestyles. Wellness programs include: <ul style="list-style-type: none"> • Stress management. • Fitness, weight management, and nutrition programs. • Smoking cessation programs.
	Workers' Compensation Coverage	A state program that requires employers to pay some wages and costs for employees who have work-related injuries or disabilities.

This list is adapted from the following sources:

California's HMO Guide. California Office of the Patient Advocate Website,
<http://www.opa.ca.gov/education/>

“A consumer’s glossary of health insurance terms.” Health Insurance Resource Center Website. www.healthinsurance.org/insterms.html

“Glossary of HMO Terms.” Missouri Joint Interim Committee on Managed Care.
www.senate.state.mo.us/mancare/terms.htm

“Healthcare Crisis: Glossary of Terms.” Public Broadcasting Service (PBS) Website. www.pbs.org/healthcarecrisis/glossry.htm. December 2, 2004.

“MCO e-Dictionary.” Centers for Medicare and Medicaid Services Website.
www.mcareol.com/inmcodic.htm#managed%20care%20organization. December 2, 2004.

“Terms Explained.” California Department of Managed Care Website.
www.hmohelp.ca.gov/library/glossary/

Plain Language Word List

Many health care providers and advocacy groups unintentionally use complicated words and phrases in their consumer materials. To help you avoid complex wording and medical jargon, this word substitution list provides simple alternatives to complicated words and phrases.

If there are words that you frequently use that do not appear on this list, please email them to Beccah Rothschild, Director of Health Literacy Projects, to have them added (beccah_rothschild@berkeley.edu). HRA will update this list on a quarterly basis.

A	Instead of...	Try...
	abide by	agree to, follow
	absence	no, none, not here, not present
	accessible	open, ready, within reach, can be used by
	accrediting agency	agency that renews/licenses
	accommodate	meet, agree to
	accompany	go with, show up with, go along with
	accomplish	carry out, do
	accordance (with)	agree with, follows
	accorded	given
	according to our records	our records show that
	accordingly	so
	accrue	add, gain
	accurate	correct, exact, right
	achieve	do, make
	acknowledge	thank you for, accepted, recognized, approved
	acquaint	get to know, meet
	acquire	get, buy
	active role	taking part in
	activity	something you do (often)
	actual	real
	addendum	more information/facts/news
	additional	more, added, extra, other
	address	discuss
	addressees	you
	addressees are requested	please
	adjacent to	next to
	administer	run, handle, direct, manage, to give out
	admission	let you enter or join the plan
	advanced (stages)	late stages, far along
	advantageous	helpful, better, useful
	adverse (reaction)	bad reaction

adversely affect/impact	hurt, set back, make worse
advise on	recommend, tell
affix	stick, join, attach, add, fasten
afford an opportunity	allow, let
affordable	low cost, at a good price, at a price you can pay
affording	giving, making
after the delivery of treatment	after you have been treated
aggregate	total
ailment	sickness, illness, problem with your health
alleviate your symptoms	help you feel better
allergen	something that causes an allergy
allocate	divide, give, share
alternatives	choices, options
ameliorate	improve, make...better
amend	change
announce	call, give out, tell (everyone)
anticipate	expect
a number of	some
apparent	clear, plain, easy to see
apparently	it seems, we think, it looks like
appreciable	many, much, large
appropriate	proper, right, correct, useful
appropriate government authority	government department/office
approximately	about
are required to	must
arrive onboard	arrive, join
as a consequence of	because
as a means of	to
ascertain	decide, find out, learn, tell, confirm
as prescribed by	in, under
assist, assistance	aid, help
associated with	goes along with, is part of
as soon as reasonably practicable	as soon as we can
attached herewith	here is
attain	meet
attempt	try
attending physician	doctor working on your case
at the present time	at present, now
attorney	lawyer
audit	review, inspect, look at

	authorization	permission (or explain more fully), your written permission, your written approval
	authorize	let, allow, approve, permit
	authorizing disclosures	allowing us to share information
	available	on hand, at hand, ready for use
	avoid	stay away from, do not use
B	Instead of...	Try...
	be advised	know
	before any costs are incurred	before we do anything that will cost you
	be in the position to	can
	benefit	help
	benign	will not cause harm, is not cancer
	breach	break
	brochure	flyer, handout, booklet, folder
	burdensome	difficult, hard, tough
	by means of	by, with
C	Instead of...	Try...
	capable of, capability	able to, ability, can
	caveat	warning
	cease	end, stop
	certification	license, permit
	certify	confirm in writing
	chronic	happens again and again, does not end
	circumstance	case, cause, concern, action, condition, situation
	clinical indicators	signs or symptoms of your health problem
	close proximity (to)	close to, near
	collaborate	work together
	collaborating with	working with
	collect and maintain	get and keep
	combined	joint
	commence	begin, start
	commercial members	members who get health insurance through their work
	committed	pledged, promised, devoted
	communicates	tells, lets you know
	communication skills	able to talk and understand
	communication source	source of information
	compensate	pay
	competent	able to make choices, decisions
	compliance with the law	according to the law, follows the law
	complications (flu-caused)	health problems caused by (the flu)
	comply with	follow, obey

component	part
comprehensive	total, all, the whole, complete, full, major, large
comprise	make, form, include, made up of, gives, is
concept	idea
concerning	about, on
condition	health problem, how you feel
conduct	act, direct, handle, lead, give
confer	give, award, talk about, discuss
confinement	kept in one place, limited
confirm(ation)	support, look at to be sure, make sure
consent	accept, permit, let
consequently	so
consider	think about
consolidate	combine, join, merge
constitutes	is, forms, makes up, gives
construct	make, build
consult	ask, check with, refer to, look at, talk to, meet
contains	has
continuation of care	being able to get care from your doctor even if she no longer works with your health plan
contracted group	the group of doctors who work with your health plan
contributes to	also causes
coordinate	make all parts of your care work together; talk with other doctors, nurses, or other health care providers
coordination or management of care	coordinating your care, making sure you get the care you need, overseeing your care
co-payment	fee paid for a doctor visit, hospital stay or other service
correctional institution	jail or prison
court order, subpoena, warrant, summons or similar process	court order, legal demand
covered entities	health plans that have to comply with privacy rules
currently	now

D	Instead of...	Try...
	deceased person	dead person, someone who died
	deductible	the amount you pay before your insurance starts to pay
	deem	believe, consider, think, find
	delete	cut, drop
	demographic	personal statistics, personal information

demonstrate	prove, show, teach, explain
depart	leave, go
designate	choose, name, select, pick
designee of this facility	employee who has been identified, employee who we have identified
desire	want, wish
detailed	complete, with all the facts, covers everything
determine	decide, figure, find out
detrimental	bad, harmful
develop	make, write, form, create, learn
diagnosis	cause of your illness
diet	what you eat, your meals
difficulties	problems
directed	told by your doctor (nurse)
directive	guide, plan, steps to follow
discharged	sent home, let go
disclose	show, share, give, tell
disclosures we will make	information we will share
discontinue	drop, stop, end, quit, cancel
discreetly	carefully, privately, wisely
discrimination	difference between
discuss	talk about
disseminate	give (out), issue, pass (out), send (out)
disturbance	problem, change, something unusual
documents	records, papers, proof
domicile	where you live, home, address
dosage	amount, how much medicine to take
due to the fact that	since, because
during that time	during, while
during the period	during, while
dysfunction	problem

E	Instead of...	Try...
	economical	low cost
	educate	teach, tell, show
	effect	make; result
	effective date	takes effect on, starts on
	e.g.	for example
	elect	choose, pick
	eligible to enroll	can sign up, can join
	eliminate	cut, drop, end, quit, stop
	emergency	something that cannot wait, accident, crisis
	employ	use
	employee review activities	employee reviews, evaluations

employees, hospital personnel	hospital staff, people who work at the hospital
enable	allow, make possible
enclosed	inside, with this _____, included
encounter	meet
encourage	urge, ask to, help, suggest
endeavor	try; effort
enlarge	get bigger, make bigger
enroll	choose, join, become a member
ensure	make sure
entire duration	during the whole time
entities	facilities, institutions, organizations
enumerate	count, list
equitable	fair
equivalent	equal, the same
establish	set up, prove, show, start
established protocols	has rules
evaluate	test, check, rate, decide, think about
evidenced	shown
Evidence of Coverage (EOC)	your contract with [health plan] that tells you what [health plan] will and will not pay for
evident	clear, plain, easy to see
examination	exam, test
examine	look at, check, test
exceed	out do, pass, top, go beyond
except as described	except
exceptions, restrictions, and limits	limits
excessive number of	too many
exclusions	services not covered by the plan, services your insurance does not pay for
exclusively	only
exercise your rights	use your rights
exhibit	show
expedite	hurry, speed up, make faster, rush, lose no time
expeditious	fast, quick
expeditiously	fast, soon, right away, quickly
expend	spend, pay out, give
expense	fee, cost, charge, price
experienced adverse events	been injured or hurt
expertise	ability, skill
explain	tell, show
extensive	complete, full, goes on for a long time, large, long, major

F	Instead of...	Try...
	facilitate	ease, help, move along
	facilities	clinics, offices, buildings
	factor	other thing
	failed to	did not
	family can be notified about your condition, status and location	your family can be told about your health and where you are
	family member or personal representative	family member who is your legal representative for health care
	feasible	can be done, workable, will work
	file a written complaint	write or email a letter of complaint
	filing a complaint	complaining
	finalize	complete, finish, end
	fluid level	how much water your body has
	for a period of	for
	forfeit	give up, lose
	for further instructions	to find out what to do next
	for the purpose of	for, to
	for the reason that	because, since
	formulary drugs	a list of the prescriptions covered by your HMO
	forward	send, give
	frequently	often
	function	act, role, work, do, serve
	fundamental	basic
	furnish	give, send
G	Instead of...	Try...
	gauge	measure, get an idea of
	generic (drugs)	drugs that are not brand name
	give consideration to	think about, consider
	government entity or agency	the government
	grant	give
	grievance	complaint, problem, you do not agree
	Group Coverage	health insurance you get through your [job]
	guidelines	rules, steps to follow, directions
H	Instead of...	Try...
	has a requirement for	needs
	has the capability	can
	health care professionals	people who care for you, doctors and nurses
	health information we have is incorrect	health information is wrong

health record is the physical property of	health record belongs to
healthy living	eating well, getting regular exercise, and seeing your doctor for routine checkups
henceforth	from now on, from today
hereby	from now on
herein	here
hereinafter	after this
heretofore	until now
herewith	below, here
HMO	a health plan that makes you get services from certain doctors, labs, and hospitals
hold in abeyance	wait, postpone, do later
honor	follow, abide by
hospitalization	time in the hospital
however	but

I	Instead of...	Try...
	identical	same
	identifiable information	personal information that can identify you
	identify	find, name, show
	i.e.	that is
	if you require assistance	if you need help
	immediately	at once, now, right now, right away, very soon
	impacted	affected, changed
	implement	start, put in place, get started, do, follow, carry out
	in accordance with	by, following, under
	in addition	also, besides, too
	in an effort to	to
	in an emergency situation	in an emergency
	in conjunction with	with, along with
	inasmuch as	since, because
	in a timely manner	on time, promptly
	incapable	unable, unfit, helpless, cannot do
	inception	start, beginning
	incomplete	lacking
	incorporate	join, put together, combine, bring into
	incorrect	wrong
	increasingly	more often, more and more
	incumbent upon	must, required
	Independent Medical Review	a way to look at your medical needs to see if the treatment that you are asking for is necessary for your care
	indicate	show, tell, say, list, write down, mark, check off

individually identifiable health information	information about your health care that identifies you
individual(s)	patient(s)
individual right	a person's right
inform	tell
information is kept by or for the hospital	hospital keeps the information
information on or accompanying the bill	information with your bill
indicate	show, write down
indication	sign
ineligible	cannot be accepted, do not meet the standards
inflammation	redness, swelling
influenza	flu
information	facts, news, details
initial	first
initially	at first, first, to start with
initiate	start, begin
injections	shots
in lieu of	instead of, or, in place of
inmate of a correctional institution	prisoner
in order to	to
in-patient	when the patient is in the hospital
inquiries	questions
in regard to	about, concerning, on
inspect and receive a copy	get a copy, ask for a copy, see and get a copy
instructions	steps to follow, how-tos, guides, directions, plan
interface with	meet, work with
interfere	get in the way of, keep from, cause problems, prevent
intermittent	off and on
interpose no objection	do not object
in the absence of	without
in the amount of	for
in the course of	during, in
in the event that	if
in the following instances	in these cases
in the majority of cases	usually, most often
in the near future	shortly, soon
in the process of	during
in view of	since
in view of the above	so, for this reason
in view of the fact	because

	irregular	uneven, not usual, not normal
	irreversible	cannot be changed, cannot be fixed
	is applicable to	applies to
	is authorized to	may
	is in consonance with	agrees with, follows
	is responsible for	Is in charge of, handles
	it appears	seems
	itemized	listed, recorded
	it is essential	must, need to
	it is requested	please, we ask, I ask
	is required to	must
J	Instead of...	Try...
	jeopardize	risk
	judicial administrative proceeding	legal event such as a court case
	justify	prove, show
L	Instead of...	Try...
	large numbers of	many, most, [state a specific number]
	law enforcement	police, FBI Officers and others who enforce laws
	legal options	legal choices
	legal requirements	the law
	licensure	being licensed
	limited number	few
	limitations	limits
	locality	place, area
	locate	find, put
	lucid	clear
M	Instead of...	Try...
	magnitude	size
	maintain	keep, keep up, care for, look after, save, support, take care of
	majority	most, greatest
	make new provisions effective	make changes effective
	mammogram	x-ray picture of the breast
	(it is) mandatory	(you) must
	material change	significant change
	maximum	greatest, largest, most
	medical group	a group of doctors who have a business together and have a contract with an O to give services to the HMO members

	medication	medicine, drugs, pills, syrup
	mentioned	told, said, listed
	methodology	method
	minimize	decrease, lessen, reduce
	minimum	least, smallest
	modify	change
	make modifications	make changes, change
	monitor	check on, watch, keep an eye on
	moreover	and, as well, too, also
N	Instead of...	Try...
	necessitate	cause, make, have to, need to, must
	negligible	very small, tiny
	network	the doctors, labs and hospitals that work with [health plan]
	nevertheless	even so, but
	next of kin	close relatives
	non-emergency services	care given outside of the emergency room
	non-prescription	not ordered by your doctor, can be bought without the doctor's order, over the counter
	notify	let us know, tell, call
	no later than May 10	by May 10th
	not later than 4:00 PM	by 4:00 PM
	not required to agree	do not have to agree
	notwithstanding	still, even if, yet
numerous	many, [list a specific number]	
O	Instead of...	Try...
	objective	aim, goal, what we hope to do
	obligate	must, bind, compel
	obligations we have	our responsibilities
	observations	reports
	observe	watch, see
	obtain	get
	on behalf of	for
	on receipt	when you get
	on request	if you ask, when you ask
	on numerous occasions	often
	on the basis of	because, since
	on the grounds that	because
	Open Enrollment Period	when you can change health plans, usually in the Fall
operate	run, use, work	

operational	working
opportunity	chance, break, opening
optimum	best, greatest, most
option	choice, right
optional	by choice
oral	by mouth
other duties authorized by law	other duties that the law allows them to perform
other purposes permitted or required by law	other purposes that the law allows or requires
otherwise	or, if not
out-of-network	health care providers who are not covered by your specific health plan
out-of-plan	health care providers who do not work with your health plan
out-patient	when the patient does not stay in the hospital
outstanding	very good, excellent, super or unpaid

P	Instead of...	Try...
	parameters	limits
	partially	partly
	participate	take part in, join, go into, do
	participating (providers)	doctors, clinics, etc. that have joined [health plan] or that serve [health plan] members
	perform	do, carry out, end, finish, take
	permit	let
	permissible	allowed, you can
	personal physician	your main doctor
	personnel	people, staff, workers
	pertaining to	about, of, on
	pharmacist	the druggist, person who sells your medicine
	physical property	property of, belongs to
	physician	doctor
	physician-prescribed treatment	care, medicine, therapy your doctor ordered (or wants you to have)
	plan for future care or treatment	care plan
	point in time	point, time
	policies, procedures, practices	our rules and standards
	portion	part
	possess	have, own
	post marketing surveillance information	study drug safety

potentially endangering	possibly hurting
practicable	feasible
precaution	safety measure, care
preclude	prevent, stop, get in the way of
predominant	main
preference	choice, wish, desire, option
premises	building, office
premium	money you pay every month, monthly payment to [health plan]
prepared	ready
prescribed	given, ordered
prescription	medicine, drug, the doctor's order for your medicine
prescription medicines	prescriptions, prescription drugs
prevalent	common, happens often
previous	before, earlier, past, the _____ before
previously	before
primary	main, key, first
Primary Care Physician (PCP)	the main doctor who cares for you
primary care services	Basic health care given by your main doctor
prior authorization	approval from your main doctor
prioritize	rank, put in the right order, put first things first, put things in order of how important they are
prior to	before, earlier
private insurance payers	insurance company
procedure	operation, something done to treat your problem, way, rule, policy, program, style
proceed	do, go ahead, try
process	way, rule, method, step
procure	buy
procurement	getting
proficiency	skill, ability
prohibit	forbid, ban, prevent
prolonged	stays, lasts, carries on, goes on for a long time, continues
promptly	right away, soon
promulgate	advertise, issue, publish
propose	offer, suggest
pros and cons	pluses and minuses, reasons for and against
protected health information	personal medical information that is protected by the law
protect the privacy of your health information	keep your health information private

	protocols	rules
	provide	give, offer, say, supply, list
	provide verification	show proof of
	provided that	if
	provider	any person, clinic or group that gives you health care services
	provides guidance for	guides
	provision	giving, supplying, plan, agreement
	purchase	buy, pay for, pick up, take
	pursuant to	by, following, because of, under
Q	Instead of...	Try...
	qualified beneficiaries	your family, family members on your insurance plan
R	Instead of...	Try...
	reason for	why
	rebuttal	response, answer, contradict
	receive	use, get
	recognize	come to see, be aware of
	recommend	advise, suggest, inform, guide
	reconsider	think again
	recover	get well, get better, heal
	reduce, reduction	cut
	refer	send to
	referral	send you to another doctor, get a second opinion
	referred to as	called
	refers to	talks about, mentions
	reflect	say, show
	refrain	stop, stay away
	regarding	about, of, on
	regardless	no matter what
	registration	sign-up
	regret (to tell you)	sorry to tell you
	regular exercise	the amount of physical activity that your doctor tells you to get every day
	regulation	rule
	reject	turn down, deny, refuse
	relating to	about, on
	relative to	about, on
	release information	give out your information
	religious affiliation	religion
	relocate	move
	remain	stay

remainder	rest, left over
remuneration	pay, payment
render	give, make
represents	is, is part of
request	ask for, apply for
require	must, need, want, lack
requirement	need, rule
reside	live at, live with
resolution	decision
resolve	decide, settle, agree, finish, go away, work out
restart	start again
restore	get back, fix, bring back
restriction	limit, rule against
resume	go back to, begin again, go on with, come back
retain	keep
review	check, go over, look at again
revised	new, changed
revision	change
revoke your written authorization	withdraw, take back, tell us not to

S	Instead of...	Try...
	safeguard	protect, keep safe, save
	said, some, such	the, this, that
	screening	test
	scrutinize	look at carefully
	select	choose, decide, pick, prefer
	selection	choice
	set forth in	in
	settle (your account)	pay (your bill)
	significant	important, major
	similar to	like
	solely	only
	solicit	ask for, request
	specialist	an expert in the field, a doctor who has special training
	state	say, tell, write down
	statement	bill, charge
	state-of-the-art	latest
	statutory	by law, legal
	strategize	plan
	subject	the, this, your
	submit	give, send, mail, bring
	subsequent	later, next, following

subsequent to	after
subsequently	after, later, then
substantial	large, much, strong
substantial communication barrier	major communication problem
substantially	more or less, largely
successfully complete	pass
sufficient	enough
supplement	add to
supplementary	extra, more
supply	give, deliver, sell
suspected violation	possible breaking of a rule or law
sustain	support, carry, aid, help save
symptoms	problems, signs, or warnings of illness

T	Instead of...	Try...
	tablet	pill, dose
	take action	start
	task	job, assignment
	terminate (coverage)	end, stop
	that being the case	so
	the month of (January)	in (January)
	thereafter	then, from the on, afterwards
	therefore	so, then, for, since
	therein	there
	thereof	its, their
	the undersigned	I, we
	the use of	using
	third trimester pregnancy	last 3 months of pregnancy, months 6-9 of pregnancy
	this office	we
	thus	so
	timely	prompt
	time period	from to
	training of medical students	training medical students
	transfer	move, change
	transmit	send, give
	transpire	happen
	treatment	cure, therapy, remedy, medicine, diet
	treatment alternatives and options	treatment choices
	treatment and services you receive	care you receive, your care

	types of uses and disclosures	how we share, with whom we share, how the information is used
U	Instead of...	Try...
	ultimately	in the end, finally
	unable to agree to a requested restriction	cannot agree with your request
	unavailability	lack of, there isn't any
	unavailable	not able to get or find, cannot get
	undersigned	I, we
	understanding utilization activities	reviewing health services
	undertake	do, agree, promise
	undertaking utilization review activities	reviewing our work
	under the custody of law enforcement	in police custody
	unforeseen	unplanned, not expected, sudden
	unless otherwise permitted or required by law as described below	unless allowed or required by law
	until such time as	until
	upon receipt	when we get
	upon your request	if you ask
	urgent	cannot wait long, needs attention very soon
	use or disclose	use or give out, share, release
utilize, utilization	use, make use of	
V	Instead of...	Try...
	validate	confirm, prove
	via	in, on, through
	viable	workable, can be done
	vice	instead of, versus
	violation	break the rules
	viral disease	virus
W	Instead of...	Try...
	warrant	call for, permit
	we are in a position to	we can
	wellness	good mental and physical health, feeling good
	whenever	when
	whereas	because, since
	with reference to	about

	with regard to	about
	with respect to	about
	with the exception of	except for
	withdraw	take away, remove, take out
	witness	see
	written complaint	a letter or email
Y,Z	Instead of...	Try...
	you are obligated to	you must
	you are requested to	please, you must
	you must do so in writing	write a letter or email
	zero-rated	free of