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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Health Sciences Careers

HEALTH-SCIENCES-CAREERS-MEDICAL-ADMINISTRATIVE-A

Health Sciences Careers - Medical Administrative Assistant

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Health Sciences Careers **HEALTH-SCIENCES-CAREERS-MEDICAL-ADMINISTRATIVE-A**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **HEALTH-SCIENCES-CAREERS-MEDICAL-ADMINISTRATIVE-A**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

MULTIPLE CHOICE

A patient calls the office and reports pain in the right lower quadrant of the abdomen with nausea and a low-grade fever. The medical administrative assistant schedules the appointment and documents the chief complaint. Which of the following terms correctly describes the location of the pain? (Choose two.)

- ☒ **A** RLQ
- ☐ **B** LLQ
- ☒ **C** Right iliac region
- ☐ **D** Hypogastric region

ANSWER A - C

WHY The right lower quadrant (RLQ) of the abdomen is also anatomically referred to as the right iliac region. The LLQ (left lower quadrant) is on the opposite side, and the hypogastric region is the lower middle area just above the pubic bone.

QUESTION 2

MULTIPLE CHOICE

A medical administrative assistant may disclose protected health information (PHI) without the patient's written authorization in which of the following situations? (Choose two.)

- ☒ **A** For treatment, payment, or healthcare operations (TPO)
- ☐ **B** When requested by the patient's employer for a wellness program
- ☒ **C** When required by law, such as in response to a valid court order
- ☐ **D** To a neighbor who is curious about the patient's diagnosis

ANSWER A - C

WHY Under HIPAA, PHI may be disclosed without authorization for treatment, payment, and healthcare operations (TPO), and when required by law (e.g., a valid court order, public health reporting). Employer requests for a wellness program and inquiries from neighbors both require written patient authorization.

QUESTION 3

SINGLE CHOICE

A medical administrative assistant is scheduling a new patient who needs a comprehensive physical exam, which typically takes 60 minutes, as well as a follow-up blood pressure check that takes 15 minutes. Which scheduling approach is most appropriate for these two distinct visit types?

- ☐ A Schedule both visits back-to-back on the same day in a single 75-minute slot
- ☒ B Schedule the physical exam in a dedicated 60-minute slot and the follow-up in its own 15-minute slot on a different day
- ☐ C Schedule only the physical exam and skip the follow-up
- ☐ D Double-book the physical exam over two existing 30-minute appointments

ANSWER B

WHY Different visit types require their own appropriately sized time slots and should not be combined. The physical exam needs a full 60-minute block, while the blood pressure follow-up is a 15-minute visit that should be scheduled separately. Combining unrelated visits or double-booking compromises care quality and patient flow.

QUESTION 4

SINGLE CHOICE

Which coding system is used in the United States to report physician and outpatient services—such as an office visit or a consultation—on insurance claims?

- ☐ A ICD-10-CM
- ☒ B CPT
- ☐ C HCPCS Level II
- ☐ D NDC

ANSWER B

WHY Current Procedural Terminology (CPT) codes are used to report physician services and outpatient procedures. ICD-10-CM codes report diagnoses, HCPCS Level II covers supplies and some non-physician services, and NDC (National Drug Code) identifies medications.

QUESTION 5

SINGLE CHOICE

A medical administrative assistant receives a request to correct an error in a patient's medical record. What is the correct procedure for handling this request?

- ☐ A Use white correction fluid to cover the incorrect entry so the record is clean
- ☐ B Erase the incorrect entry with an eraser so the corrected information can be written in
- ☒ C Draw a single line through the error, write the correction nearby, date and initial the change, and never use correction fluid or erasers
- ☐ D Discard the page with the error and rewrite the entire record from memory

ANSWER C

WHY Medical records are legal documents and must never have entries erased, whited out, or rewritten. The accepted practice is to draw a single line through the error (so the original is still legible), add the correction, and date and initial the change. Rewriting from memory destroys the audit trail.

QUESTION 6

SINGLE CHOICE

A patient calls the office upset about a long wait time and begins raising their voice at the medical administrative assistant. What is the most appropriate first response?

- ☐ A Hang up and ask the provider to call the patient back
- ☐ B Match the patient's tone to show the issue is being taken seriously
- ☒ C Listen calmly, acknowledge the patient's frustration, and use a calm, professional tone to address the concern
- ☐ D Transfer the call to another staff member without explanation

ANSWER C

WHY The professional standard for handling an upset caller is to remain calm, listen actively, acknowledge the patient's feelings, and address the issue without escalating the emotion. Hanging up, matching the tone, or passing the call off without resolution are not appropriate first responses.

QUESTION 7 SINGLE CHOICE

When opening and sorting the day's incoming mail in a medical office, which item should be prioritized and given to the provider or clinical staff immediately?

- ☐ A A patient billing statement
- ☒ B Laboratory results requiring provider review
- ☐ C A medical equipment supply catalog
- ☐ D A reminder notice about an upcoming professional conference

ANSWER B

WHY Laboratory and diagnostic results require timely provider review because they often drive clinical decisions and follow-up with patients. Billing statements, catalogs, and conference notices are administrative items that do not have the same clinical urgency.

QUESTION 8 SINGLE CHOICE

A provider's note states the patient has "dyspnea on exertion." The medical administrative assistant needs to document this for the patient's record. What does this term mean?

- ☐ A Pain in the chest during breathing
- ☒ B Difficulty breathing during physical activity
- ☐ C Wheezing heard at rest
- ☐ D Coughing up blood

ANSWER B

WHY Dyspnea means difficulty breathing, and "on exertion" (DOE) means it occurs during physical activity. Chest pain with breathing is pleuritic chest pain, wheezing at rest suggests asthma or similar conditions, and coughing up blood is hemoptysis.

QUESTION 9

SINGLE CHOICE

A patient pays the full amount owed at the time of the visit. What type of payment is this considered?

- ☒ **A** Accounts receivable
- ☐ **B** Accounts payable
- ☐ **C** A copayment only
- ☐ **D** An adjustment

ANSWER A

WHY When payment is collected at the time of service, it reduces the amount the practice is owed (accounts receivable). Accounts payable refers to money the practice owes to others, a copayment is a partial amount specified by insurance, and an adjustment is a write-off—not a payment collected from the patient.