EPIC REGISTERING NEW AND EXISTING PATIENTS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **Which term refers to an address used when a patient lives away from their permanent address, with a start and end date?**

   A. Billing Address

   B. Temporary Address

   C. Permanent Address

   D. Mailing Address

2. **What steps are involved in de-duplicating or merging patient records in Epic?**

   A. Delete duplicates automatically without review.

   B. Identify potential duplicates, review manually, merge records or link to a master patient, preserve key data, and maintain audit history.

   C. Create new duplicates intentionally.

   D. Never merge, always keep duplicates separate.

3. **What is a Guarantor in Epic and when is a guarantor created?**

   A. The patient's primary physician; created after first visit.

   B. The hospital administrator; created during audits.

   C. The guarantor is the party responsible for the patient's bill; created at registration or when billing is assigned to a separate responsible party.

   D. The insurance company; created when policy is added.

4. **What steps are involved in documenting an electronic consent to treat in Epic?**

   A. Capture an e-signature or validate a consent form; attach to the patient's record and relevant encounter.

   B. Record consent verbally, no attachment required.

   C. Consent is optional for electronic treatment.

   D. Print a consent form only, no electronic signature.

5. **How do you handle bilingual or non-English speaking patients in Epic registration?**

   A. Use English only and request interpreter services if needed.

   B. Document preferred language but do not arrange interpreter services.

   C. Capture preferred language and offer interpreter services; document language for care coordination.

   D. Prohibit registration until a translator is present.

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6. What element is essential to accompany the occurrence code to identify work-related incidents?

A. Date only

B. Date and time

C. Patient's color of eyes

D. Occupational title

7. What is the purpose of recording the Relationship to Guarantor in Epic?

A. To specify how the guarantor relates to the patient for billing, authorization, and contact coordination.

B. To track guarantor's employment status.

C. To identify the guarantor's medical history.

D. To determine the patient's insurance network.

8. How would you record the subscriber's information in Epic?

A. Enter subscriber name, relationship, date of birth, policy number, and payer details as part of the insurance record.

B. Only subscriber name.

C. Include subscriber income and employment.

D. Enter subscriber address only.

9. Under Self Referral, which term is used for a routine appointment?

A. Urgent

B. Elective

C. Emergency

D. Immediate

10. What happens when you click Accept on the appointment review window?

A. The appointment is canceled

B. The appointment is scheduled

C. The appointment is rescheduled

D. The appointment is moved to queue

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Answers

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1. B
2. B
3. C
4. A
5. C
6. B
7. A
8. A
9. B
10. B

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Explanations

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1. Which term refers to an address used when a patient lives away from their permanent address, with a start and end date?

A. Billing Address

B. Temporary Address

C. Permanent Address

D. Mailing Address

The concept here is an address used for a temporary stay with a defined time period. When a patient lives away from their permanent home, this is captured as a temporary address, with a start date and end date to show when that location is in effect. This allows the system to route communications, appointments, and any related records to the correct place during that specific timeframe, and it helps distinguish short-term residence from the long-term home. The other address types serve different purposes: a billing address is for payment and insurance submissions; a permanent address is the patient's main home location; a mailing address is where mail is sent but doesn't inherently imply a time-bound relocation. Therefore, the temporary address is the term that fits the scenario.

2. What steps are involved in de-duplicating or merging patient records in Epic?

A. Delete duplicates automatically without review.

B. Identify potential duplicates, review manually, merge records or link to a master patient, preserve key data, and maintain audit history.

C. Create new duplicates intentionally.

D. Never merge, always keep duplicates separate.

In Epic, de-duplicating patient records focuses on ending up with a single, accurate patient profile by carefully identifying and consolidating matching records. The steps involve first spotting potential duplicates with system checks, then reviewing those cases manually to verify whether records truly belong to the same patient. After verification, you merge the records or link them to a master patient, making sure essential data from all records is preserved in the master and that an audit trail is created. This audit history keeps a record of what was merged, who performed it, and how data was mapped, which is crucial for accountability and traceability. This approach is best because it protects data integrity and patient safety. Automatic deletion of duplicates without review can remove or misattribute critical information, leading to errors in care or billing. Creating duplicates intentionally introduces more fragmentation and confusion. Never merging would leave fragmented data across multiple records, making it difficult to deliver consistent care and generate reliable reports.

3. What is a Guarantor in Epic and when is a guarantor created?

A. The patient's primary physician; created after first visit.

B. The hospital administrator; created during audits.

C. The guarantor is the party responsible for the patient's bill; created at registration or when billing is assigned to a separate responsible party.

D. The insurance company; created when policy is added.

The Guarantor in Epic is the person or entity responsible for paying the patient's bill. This role is created when the patient is registered so the system knows who to bill and where to send statements. It can also be set up later if billing responsibility is assigned to a separate party, such as a parent or guardian for a minor, or another individual who will pay the charges. The insurance company may pay the claim, but the guarantor is the entity ultimately responsible for any remaining balance after that payment. This is why the guarantor is established at registration or when billing responsibility is transferred to someone else.

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4. What steps are involved in documenting an electronic consent to treat in Epic?

A. Capture an e-signature or validate a consent form; attach to the patient's record and relevant encounter.

B. Record consent verbally, no attachment required.

C. Consent is optional for electronic treatment.

D. Print a consent form only, no electronic signature.

Documenting electronic consent to treat in Epic hinges on creating a verifiable electronic record that is tied to both the patient and the specific encounter. The steps involve capturing an electronic signature if the patient signs digitally, or validating an electronic consent form when applicable, and then attaching that consent to the patient's chart and the relevant encounter so it's accessible to the care team and remains auditable. This makes clear, time-stamped proof that consent was obtained for the treatment being recorded and ensures the record travels with the chart to all providers involved. Verbal consent without any attachment lacks a durable, auditable electronic record in Epic, and printing a form without an electronic signature does not meet the requirements for electronic consent.

5. How do you handle bilingual or non-English speaking patients in Epic registration?

A. Use English only and request interpreter services if needed.

B. Document preferred language but do not arrange interpreter services.

C. Capture preferred language and offer interpreter services; document language for care coordination.

D. Prohibit registration until a translator is present.

Respecting a patient's language needs and providing interpreter support is essential in Epic registration. You should capture the patient's preferred language in the registration fields and proactively offer interpreter services (in-person, telephonic, or video) so communication is clear from the start. Documenting the language also helps care coordination, so all members of the care team know to arrange appropriate language assistance and communicate in a way the patient understands. This approach supports patient safety, informed consent, and quality care, since misunderstandings can be minimized and important information is conveyed accurately. Relying on English only and requesting an interpreter if needed delays access to care and can compromise understanding. Simply documenting a preferred language without arranging services leaves the patient without necessary support. Prohibiting registration until a translator is present creates unnecessary barriers to care.

6. What element is essential to accompany the occurrence code to identify work-related incidents?

A. Date only

B. Date and time

C. Patient's color of eyes

D. Occupational title

Capturing the exact moment an incident occurs is essential to accurately identify work-related incidents. The date alone doesn't pin down when during the day the event happened, and the time without a date can't place it on a specific calendar day. Together, date and time provide a precise timestamp that lets you sequence events, link the incident to shifts or activities, and support regulatory or workplace reporting. The other options don't help identify when the incident occurred—eye color is unrelated to timing, and occupational title doesn't provide a temporal reference.

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7. What is the purpose of recording the Relationship to Guarantor in Epic?

A. To specify how the guarantor relates to the patient for billing, authorization, and contact coordination.

B. To track guarantor's employment status.

C. To identify the guarantor's medical history.

D. To determine the patient's insurance network.

The Relationship to Guarantor field defines how the person responsible for paying the bill is connected to the patient, and that connection drives why and how the system handles billing, authorization, and contact details. By recording whether the guarantor is a parent, guardian, spouse, or the patient themselves, the system knows who to bill, who can authorize procedures or releases, and who should be contacted for payment questions or consent. This ensures statements go to the right person, that necessary authorizations can be obtained from the correct individual, and that contact information is used for communications related to the account. It's not about employment status, medical history, or the patient's insurance network, so that choice isn't the purpose of this field.

8. How would you record the subscriber's information in Epic?

A. Enter subscriber name, relationship, date of birth, policy number, and payer details as part of the insurance record.

B. Only subscriber name.

C. Include subscriber income and employment.

D. Enter subscriber address only.

Recording the subscriber's information is about tying the patient to the correct insurance policy so eligibility, benefits, and claims can be handled accurately. In Epic, you capture a full set: the subscriber's name, the relationship to the patient, the subscriber's date of birth, the policy number, and the payer details within the insurance record. Each piece plays a key role. The name identifies the policyholder, the relationship clarifies who is insured under the plan for this patient, the date of birth helps verify identity and distinguish people with similar names, the policy number links to the exact plan and its benefits, and the payer details specify the insurer and any plan-specific information that affects coverage and billing. This complete entry enables proper eligibility checks, correct claims submission, and accurate benefit determination. Entering only the name omits crucial identifiers, and including income or employment isn't part of the insurance record; an address alone also lacks the essential policy linkage needed for billing.

9. Under Self Referral, which term is used for a routine appointment?

A. Urgent

B. Elective

C. Emergency

D. Immediate

The concept being tested is how to classify a visit by its urgency in a self-referral scenario. A routine appointment is described as elective because it's planned in advance and does not require immediate attention. Self-referral means the patient initiates the contact, and elective captures those non-urgent, scheduled encounters such as routine checkups or follow-ups. Urgent describes care that needs prompt attention due to potential risk but isn't an immediate emergency. Emergency refers to life-threatening situations requiring immediate action. Immediate is used for situations needing very rapid processing, which is not typical for routine visits. In practice, labeling a self-referral visit as elective helps staff put it in the non-urgent queue and schedule it accordingly.

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10. What happens when you click Accept on the appointment review window?

A. The appointment is canceled

B. The appointment is scheduled

C. The appointment is rescheduled

D. The appointment is moved to queue

Accepting on the appointment review window finalizes the appointment details you've entered and places the appointment into the schedule. It converts the reviewed data into a confirmed, calendar-entry that appears in both the provider's and patient's schedules, and it typically triggers any standard follow-up steps like confirmations or reminders. This action is about making the appointment real in the system, not canceling, changing the time, or moving it to a processing queue.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://epicregnewexistingpatients.examzify.com

We wish you the very best on your exam journey. You've got this!

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