

PATIENT ADMINISTRATION DIVISION (PAD) MODULE 1 PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://padmodule1.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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.

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!

Questions

SAMPLE

1. What is the purpose of a record retention schedule in PAD?

- A. To define how long records are kept and when to dispose of them
- B. To standardize patient meal plans
- C. To organize staff schedules
- D. To encrypt all patient data

2. MAC is described as which of the following?

- A. Scheduling Patient Appointments
- B. Processing Third-Party Payments
- C. Recovering the Cost of Medical Treatment from Liability, No-Fault, Medical, and Health Indemnity Insurance Coverage or from Tortious Liable Third Persons on Behalf of Service Members and Non-Active Duty Beneficiaries as the Result of Injury or Illness Under Circumstances Creating Tort Liability in a Third Party
- D. Maintaining Patient Medical Records

3. Which principle supports granting access by role within PAD systems?

- A. First-come, first-served access
- B. Least privilege or role-based access control (RBAC)
- C. All users have full access
- D. Access based on seniority

4. What could happen if a required demographic field is missing during registration?

- A. Data becomes more secure
- B. Record inaccuracies, misidentification risk, and potential noncompliance with standards
- C. The system auto-corrects the entry
- D. The patient is automatically discharged

5. Who is the Army Surgeon General and Commanding General?

- A. Major General Patrick D. Sargent
- B. Command Sergeant Major Gerald C. Ecker
- C. Mr. Robert L. Goodman
- D. Lieutenant General Nadja Y. West

- 6. Which MEDCOM subordinate command focuses on public health and preventive medicine?**
- A. U.S. Army Public Health Command (USAPHC)
 - B. U.S. Army Medical Research & Materiel Command (MRMC)
 - C. U.S. Army Dental Command (DENCOM)
 - D. Warrior Transition Command (WTC)
- 7. NG/USAR Medical Affairs falls under which PAD branch?**
- A. Outpatient Records
 - B. Patient Affairs Branch
 - C. Medical Records
 - D. PAD Duty Description
- 8. To which organization are retired Soldiers' medical and dental records first sent after retirement?**
- A. VARMC
 - B. ARPC
 - C. VA Regional Record Centers
 - D. MTF
- 9. Which item is NOT typically included in a routine data quality audit?**
- A. Sample records
 - B. Verify accuracy
 - C. Timeliness
 - D. Privacy impact assessments
- 10. What is the purpose of data normalization in health information systems?**
- A. Standardizes data formats to enable consistent reporting and interoperability between systems.
 - B. Increases file size for archival
 - C. Improves patient satisfaction
 - D. Replaces patient identifiers with codes

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the purpose of a record retention schedule in PAD?

- A. To define how long records are kept and when to dispose of them
- B. To standardize patient meal plans
- C. To organize staff schedules
- D. To encrypt all patient data

A record retention schedule defines how long each type of record should be kept and when it should be securely disposed of. In PAD, this means tying retention periods to legal and regulatory requirements and to the organization's operational needs. Having clear timelines ensures records are available for patient care, billing, audits, and investigations when needed, while preventing unnecessary storage and reducing privacy risks by disposing of information properly. It also guides how to handle different formats and ensures consistent practices across departments. The other options don't fit because meal plans, staff schedules, and encryption relate to nutrition services, staffing logistics, or data security—not to how long records should be kept and when they should be destroyed.

2. MAC is described as which of the following?

- A. Scheduling Patient Appointments
- B. Processing Third-Party Payments
- C. Recovering the Cost of Medical Treatment from Liability, No-Fault, Medical, and Health Indemnity Insurance Coverage or from Tortious Liable Third Persons on Behalf of Service Members and Non-Active Duty Beneficiaries as the Result of Injury or Illness Under Circumstances Creating Tort Liability in a Third Party
- D. Maintaining Patient Medical Records

MAC stands for Medical Cost Recovery. It is the process of recovering the cost of medical treatment from parties who are legally responsible for the injury or illness, such as liability or no-fault insurers, medical or health indemnity coverage, or a tortious third party, on behalf of service members and non-active duty beneficiaries. This focus on pursuing reimbursement from the liable party differentiates it from simply scheduling patient appointments or maintaining records, and from the broader handling of third-party payments which may not specifically target liability-based reimbursement.

3. Which principle supports granting access by role within PAD systems?

- A. First-come, first-served access
- B. Least privilege or role-based access control (RBAC)
- C. All users have full access
- D. Access based on seniority

Access in PAD systems is controlled by assigning permissions to roles rather than to individuals. This follows the principle of least privilege implemented through role-based access control. By linking what a user can do to their job role, you ensure they have only the permissions necessary to perform their tasks and nothing more. This reduces the risk of exposing patient data to people who don't need it, makes auditing easier, and supports privacy and security requirements. Think of distinct PAD roles—front-desk staff, billing personnel, scheduling coordinators, medical records clerks, supervisors—each with a defined set of allowed actions and data access. When someone changes roles or a new user is added, permissions shift with the role, not with the person. This approach also accommodates checks like separation of duties and temporary access workflows if there's a legitimate need for broader access for a limited time. Why the other options don't fit: granting access on a first-come, first-served basis is arbitrary and unsafe for sensitive patient data; giving everyone full access defeats privacy and security safeguards; tying access to seniority doesn't reflect actual job requirements and could either restrict needed tasks or grant unnecessary privileges.

4. What could happen if a required demographic field is missing during registration?

- A. Data becomes more secure
- B. Record inaccuracies, misidentification risk, and potential noncompliance with standards**
- C. The system auto-corrects the entry
- D. The patient is automatically discharged

Missing required demographic fields harms data quality. Those fields are used to correctly identify a patient and link their records across visits, tests, and billing. When they're missing, records can become incomplete or inconsistent, which raises the risk of misidentification, creates duplicate or mismatched files, and makes reporting, regulatory compliance, and billing unreliable. This directly affects patient safety and continuity of care and can lead to noncompliance with standards and potential audits. The other options don't fit: removing or omitting fields does not suddenly make data more secure; system auto-correction is not a reliable or typical behavior for missing essential data and can introduce errors; and a patient being discharged is unrelated to whether demographic information was provided during registration.

5. Who is the Army Surgeon General and Commanding General?

- A. Major General Patrick D. Sargent
- B. Command Sergeant Major Gerald C. Ecker
- C. Mr. Robert L. Goodman
- D. Lieutenant General Nadja Y. West**

The Army Surgeon General and Commanding General is the top Army physician who also leads the Army's medical command, combining medical policy and the entire Army medical service under one leader. Lieutenant General Nadja Y. West holds that dual role, serving as both the Army Surgeon General and the Commanding General of the U.S. Army Medical Command. This makes her the senior medical authority in the Army and the chief of Army medicine. She is notable for being the first woman and the first African American to hold this combined post. The other names listed are not the Surgeon General and MEDCOM commander, as they occupy different ranks or roles.

6. Which MEDCOM subordinate command focuses on public health and preventive medicine?

- A. U.S. Army Public Health Command (USAPHC)**
- B. U.S. Army Medical Research & Materiel Command (MRMC)
- C. U.S. Army Dental Command (DENCOM)
- D. Warrior Transition Command (WTC)

The focus here is which MEDCOM subordinate command concentrates on public health and preventive medicine. The U.S. Army Public Health Command is dedicated to protecting and improving the health of soldiers and communities through public health programs, disease surveillance, environmental and occupational health, and preventive medicine activities. This makes it the direct home for public health and preventive medicine within MEDCOM. The other commands serve different roles: the Medical Research & Materiel Command handles medical research and equipment development, the Dental Command provides dental services, and the Warrior Transition Command coordinates care and transition for wounded, ill, and injured soldiers. Because public health and preventive medicine are the primary duties of the U.S. Army Public Health Command, it is the best answer.

7. NG/USAR Medical Affairs falls under which PAD branch?

- A. Outpatient Records
- B. Patient Affairs Branch**
- C. Medical Records
- D. PAD Duty Description

This question tests how PAD branches are defined by function in patient management. Medical Affairs focuses on engaging with patients, addressing their needs, guiding them through the care process, coordinating services, and acting as a liaison between patients and clinical staff. That functional focus aligns with the Patient Affairs Branch, which handles patient contact, information, concerns, and the overall patient experience. Outpatient Records centers on documenting outpatient visits, Medical Records on the creation and privacy of health records, and PAD Duty Description outlines general duties rather than a specific patient-facing area. So, NG/USAR Medical Affairs falls under the Patient Affairs Branch.

8. To which organization are retired Soldiers' medical and dental records first sent after retirement?

- A. VARMC
- B. ARPC**
- C. VA Regional Record Centers
- D. MTF

When a Soldier retires, the medical and dental records are moved to a centralized military records hub for retirees. The first destination for these retired-member records is the Army Reserve Personnel Center, which maintains the official retired Soldier medical file. This central handling ensures a single, authoritative repository for the retiree's health documentation and smooth future transfers if benefits or VA-related processes arise. The other options don't fit this initial step. A Military Treatment Facility is where active-duty care happens, not where retirees' records are first sent. VA Regional Record Centers and VA facilities come into play later, typically when veterans seek benefits or medical care from the VA, rather than as the immediate recipient of records upon retirement.

9. Which item is NOT typically included in a routine data quality audit?

- A. Sample records
- B. Verify accuracy
- C. Timeliness
- D. Privacy impact assessments**

Routine data quality audits focus on how reliable the data are for daily operations and decision-making. The main checks look at accuracy—whether the data values reflect the true facts, often verified by sampling records and comparing them to source data or rules; timeliness—whether data are captured and available when needed; completeness and consistency—whether all required data are present and conform to expected formats. These elements ensure that the data can be trusted for tasks like patient scheduling, billing, and reporting. Privacy impact assessments, by contrast, evaluate privacy risks and compliance aspects of processing personal data. They examine questions like whether data collection is justified, how access is controlled, data retention, and potential harm to individuals. While essential for governance and privacy compliance, they're not part of the routine checks that measure data quality itself. So privacy impact assessments are not typically included in a routine data quality audit.

10. What is the purpose of data normalization in health information systems?

- A. Standardizes data formats to enable consistent reporting and interoperability between systems.**
- B. Increases file size for archival
- C. Improves patient satisfaction
- D. Replaces patient identifiers with codes

Standardizing data formats to enable consistent reporting and interoperability between systems is the main idea behind data normalization in health information systems. In healthcare, data come from many sources—EHRs, labs, imaging, and billing—and each may use different codes, units, date formats, or field lengths. Normalization establishes a common structure and applies standardized terminologies (like ICD-10-CM, SNOMED, LOINC), uniform units, and consistent data types. With these shared standards, reports across departments align, data can be aggregated accurately, and information can be exchanged smoothly between systems. This improves data quality and underpins reliable analytics and decision support. It isn't about increasing archival size, boosting patient satisfaction directly, or replacing identifiers with codes—that would be a privacy or de-identification issue, not normalization.

SAMPLE

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://padmodule1.examzify.com>

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

SAMPLE