

RPB FUNDAMENTALS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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.

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

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- 1. The way to resolve a check with nonsufficient funds is to void the payment in the system.**
 - A. True
 - B. It depends on the system
 - C. Not applicable
 - D. False

- 2. How will you divide the insurance followup workload?**
 - A. Financial class, Payer, Specialties, Alpha-split, Other
 - B. Region, Time zone, Language, Skill level
 - C. Amount due, Date of service, Provider
 - D. Referred to external team, Tag as urgent, Delete

- 3. What is the role of a professional advocate for patients and families?**
 - A. Speak on behalf of patient preferences, rights, and values when they cannot advocate for themselves, while maintaining transparency.
 - B. Make all decisions for the patient without input.
 - C. Advocate only when requested by clinicians.
 - D. Promote the institution's policies over patient wishes.

- 4. An estimate can be created through which methods?**
 - A. Created automatically
 - B. Based on orders
 - C. Use an existing template
 - D. All of the above

- 5. If a patient is seen at multiple facilities, how does the system record the patient?**
 - A. One patient record with multiple contacts
 - B. Multiple patient records
 - C. One per facility
 - D. Not stored

- 6. PB and HB charges have different billing needs, affecting how validation checks should be configured.**
- A. True
 - B. False
 - C. Not sure
 - D. Sometimes
- 7. Which four principles are most commonly guiding professional practice and should inform decision making in patient care?**
- A. Autonomy, Beneficence, Nonmaleficence, and Justice
 - B. Privacy, Confidentiality, Accountability, Transparency
 - C. Efficiency, Cost-effectiveness, Compliance, Productivity
 - D. Competence, Loyalty, Honesty, Empathy
- 8. What information should you consult and how should you handle hazardous chemicals in the work environment?**
- A. Review Safety Data Sheets (SDS) for each chemical, follow labeling and storage protocols, use appropriate PPE, and dispose of waste per policy.
 - B. Rely on memory and skip SDS.
 - C. Only read the label if you have time.
 - D. Dispose of waste as you see fit.
- 9. What action should you take if you discover an error in a patient record after signing and dating an entry?**
- A. Delete the entry
 - B. Re-sign with different date
 - C. Immediately document the correction with an audit note and initials, maintain original entry
 - D. Do nothing
- 10. During an incident investigation, which activity is performed after containing the event?**
- A. Interview involved parties
 - B. Contain the event
 - C. Identify root causes
 - D. Implement corrective actions

Answers

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

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Explanations

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1. The way to resolve a check with nonsufficient funds is to void the payment in the system.

- A. True
- B. It depends on the system
- C. Not applicable
- D. False**

When a check is NSF, the funds were not actually received, so the bookkeeping must undo the recorded cash receipt and the related accounts receivable. Simply voiding the payment in the system would remove the payment record but wouldn't correctly reflect that the customer still owes money, which can leave the accounts and revenue balances inaccurate. The standard approach is to reverse the original cash receipt (and any revenue/receivable impact) and then reattempt collection or re-bill the customer, following the system's specific procedures. Because the solution depends on system processes and the reversal of the posting is typically required, the statement is not correct.

2. How will you divide the insurance followup workload?

- A. Financial class, Payer, Specialties, Alpha-split, Other**
- B. Region, Time zone, Language, Skill level
- C. Amount due, Date of service, Provider
- D. Referred to external team, Tag as urgent, Delete

Dividing the insurance follow-up workload by payer-related attributes and financial classifications keeps tasks routed to teams with the same rules, timelines, and denial reasons. Grouping by Financial class and Payer aligns each item with the specific payer policies and contract terms, while Sorting by Specialties brings in the appropriate clinical context when needed. An Alpha-split helps balance workload across the team, and an Other bucket captures items that don't fit the standard categories. This creates predictable queues, faster resolutions, and clearer performance metrics. Other approaches don't fit as well. Organizing by Region, Time zone, Language, and Skill level shifts focus to geography and communication rather than insurer processes, which can slow consistency in how claims are followed up. Grouping by Amount due, Date of service, and Provider centers on data attributes rather than payer workflows, risking misrouting of issues that require payer-specific handling. Categorizing tasks by actions like referring to an external team, tagging as urgent, or deleting focuses on what to do after routing rather than how to assign the work in the first place.

3. What is the role of a professional advocate for patients and families?

- A. Speak on behalf of patient preferences, rights, and values when they cannot advocate for themselves, while maintaining transparency.**
- B. Make all decisions for the patient without input.
- C. Advocate only when requested by clinicians.
- D. Promote the institution's policies over patient wishes.

The main idea is that a professional advocate represents the patient's preferences, rights, and values when the patient cannot advocate for themselves, and does so with transparency about how decisions are being made. This means listening to what matters to the patient and family, ensuring their voice is heard in care planning, and helping them understand options, risks, and benefits so decisions reflect the patient's own values. The advocate acts as a bridge to the care team, aiming to protect autonomy and ensure informed, respectful participation in decisions. This is the best fit because it centers on honoring the patient's rights and wishes, while keeping communication open and clear. The other options miss the mark: deciding for the patient without input undermines autonomy; advocating only when asked by clinicians limits the patient's voice; and promoting institutional policies over patient wishes places the organization's interests above the patient's values.

4. An estimate can be created through which methods?

- A. Created automatically
- B. Based on orders
- C. Use an existing template
- D. All of the above**

Estimates can be created in multiple ways, reflecting different workflows for composing a cost projection. Automatic creation uses predefined rules, defaults, and historical data to generate a baseline quickly, which is ideal for repetitive projects or when you need a fast first pass. Creating from orders ties the estimate directly to the customer's stated scope, ensuring the quantities, tasks, and requirements from the order are reflected. Using an existing template provides a ready-made structure with standard line items, rates, and categories, enabling rapid, consistent estimates across similar jobs. In practice, you can combine these methods, starting with an automated or template-based draft and then tailoring it to the specifics of an order. All of the above are valid ways to create an estimate.

5. If a patient is seen at multiple facilities, how does the system record the patient?

- A. One patient record with multiple contacts**
- B. Multiple patient records
- C. One per facility
- D. Not stored

Maintaining a single, longitudinal patient identity across facilities is essential. A master patient index assigns one persistent identifier to a patient, so every encounter, test, medication, or contact from any facility is linked to that same record. This means you end up with one patient record that contains multiple contacts (encounters) across different locations. This unified view supports complete history, safer care, and better coordination between providers. If there were multiple records for the same patient, care could be fragmented, leading to duplicate data or incomplete information. A setup with one record per facility would similarly fragment the patient's history. Not storing the patient at all would be unusable.

6. PB and HB charges have different billing needs, affecting how validation checks should be configured.

- A. True**
- B. False
- C. Not sure
- D. Sometimes

Billing validation checks must match how each charge type is calculated. PB charges are often usage-based, tied to time windows and variable units, so validation should verify that the reported usage, the correct per-unit rate, and the resulting amount are consistent, along with proper currency handling. HB charges might be fixed or tiered, with a base fee plus taxes, surcharges, and possible discounts, so validation needs to ensure the base amount, tax calculation by jurisdiction, and any discounts are all applied correctly. Because the underlying data and rules differ, the validation rules should be tailored to each type rather than a single, uniform set. When the checks reflect these distinct needs, the risk of misbilling or tax/discount errors is reduced. So the statement is true.

7. Which four principles are most commonly guiding professional practice and should inform decision making in patient care?

- A. Autonomy, Beneficence, Nonmaleficence, and Justice**
- B. Privacy, Confidentiality, Accountability, Transparency
- C. Efficiency, Cost-effectiveness, Compliance, Productivity
- D. Competence, Loyalty, Honesty, Empathy

Four guiding principles shape professional practice and patient care decisions: autonomy, beneficence, nonmaleficence, and justice. Autonomy respects the patient's right to make informed choices about their own health. Beneficence drives actions that promote the patient's welfare and well-being. Nonmaleficence requires clinicians to avoid causing harm, balancing benefits and risks. Justice focuses on fairness in the distribution of care and resources, ensuring equitable treatment for all patients. These four principles together provide a framework for evaluating what to do when different duties compete, such as honoring a patient's preferences while aiming to benefit their health, or allocating limited resources equitably. While other listed values like privacy and confidentiality, efficiency, and personal virtues (competence, loyalty, honesty, empathy) are important in practice, they do not form the standard quartet that directly guides decision making in patient care.

8. What information should you consult and how should you handle hazardous chemicals in the work environment?

- A. Review Safety Data Sheets (SDS) for each chemical, follow labeling and storage protocols, use appropriate PPE, and dispose of waste per policy.**
- B. Rely on memory and skip SDS.
- C. Only read the label if you have time.
- D. Dispose of waste as you see fit.

The main idea here is knowing where to get reliable chemical information and how to handle hazardous substances safely in the workplace. Safety Data Sheets provide detailed, chemical-specific information on hazards, required protective measures, first aid and emergency steps, spill response, and what to do in an exposure or accident. Labels give immediate, at-a-glance hazard warnings and handling instructions, but they are not a substitute for the full details found in the SDS. Using the correct personal protective equipment protects skin, eyes, and respiratory tract from exposure, and the specific PPE depends on the chemical and its hazards. Proper storage and labeling keep chemicals segregated by compatibility and prevent unintended reactions or leaks, while following the disposal policies ensures waste is taken to the right treatment stream and containers are closed, labeled, and disposed of safely. Relying on memory bypasses critical, up-to-date safety information and can lead to unsafe handling steps. Reading only the label may miss important details found in the SDS, such as what to do in a spill or exposure. Disposing of waste as you see fit ignores regulatory requirements and policy, creating environmental and health risks. By consulting the SDS, following labeling and storage protocols, using appropriate PPE, and disposing of waste per policy, you address the full spectrum of safety needs for hazardous chemicals.

9. What action should you take if you discover an error in a patient record after signing and dating an entry?

- A. Delete the entry
- B. Re-sign with different date
- C. Immediately document the correction with an audit note and initials, maintain original entry**
- D. Do nothing

Maintaining the integrity and traceability of patient records is essential. If you discover an error after signing, you should not delete or alter the original entry. Instead, immediately document the correction with an audit note that explains what was wrong and add your initials and the current date/time. Keep the original entry visible and add a correction or addendum that links to it, creating a clear timeline and accountability. This audit trail is crucial for patient safety, legal compliance, and continuity of care, showing exactly when the error was identified and corrected. Deleting the entry would erase history, re-signing with a different date would misrepresent when the entry was made, and doing nothing fails to address the error and could harm the patient. Follow your facility's policy for corrections, typically including an addendum with the rationale, date, and your initials.

10. During an incident investigation, which activity is performed after containing the event?

- A. Interview involved parties**
- B. Contain the event
- C. Identify root causes
- D. Implement corrective actions

After containing the event, the next essential activity is interviewing the people involved. This step gathers firsthand accounts from those who observed or participated in what happened, providing details that records or automated logs may miss. By talking with involved parties, you establish the timeline, confirm facts, and surface contributing factors or conditions that influenced the incident. This information is crucial for building an accurate picture of events and for guiding subsequent analysis. Containment stops further impact and preserves evidence, so it happens first. Root-cause analysis relies on the facts gathered from interviews and other data, and implementing corrective actions follows once those root causes are identified and understood.

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://rpbfundamentals.examzify.com>

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

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