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AMT Certified Medical Administrative Specialist



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Question: 1

A bank deposit receipt shows \$1,000 deposited, but the office deposit log shows \$1,050. The difference is traced to one check that was listed on the log but not included in the bank bag. Which action is most appropriate?

- A. Secure the missing check, update reconciliation documentation, and follow deposit correction procedure
- B. Change the office log to \$1,000 without documenting the missing check
- C. Ignore the difference because the bank receipt is the final authority
- D. Add \$50 cash from tomorrow's collections to make the deposit log match

Answer: A

Question: 2

A caller is angry about a delayed referral and begins raising their voice. The administrative specialist can see that the referral request was sent yesterday and is pending payer authorization. Which response best demonstrates appropriate telephone etiquette?

- A. "You need to calm down before I will look at your chart."
- B. "I can see the referral was sent yesterday and is pending authorization; I will explain the next step and document your call."
- C. "The insurance company is always slow, so there is nothing we can do."
- D. d "Call back when you are ready to speak respectfully."

Answer: B

Question: 3

A claim is denied because a required anatomical modifier was omitted. The provider documentation clearly identifies the left hand, and office coding policy allows correction when documentation supports the modifier.

Which action is most appropriate?

- A. Correct the claim with the supported anatomical modifier and resubmit according to policy
- B. Add modifiers for both left and right hands so the payer can choose
- C. Change the documentation from left hand to right hand to match a common modifier
- D. Bill the patient because modifier denials cannot be corrected

Answer: A

Question: 4

A monthly trial balance shows total debits of \$48,620 and total credits of \$48,260. The administrative specialist finds a \$360 insurance adjustment entered on the debit side instead of the credit side. Which action is most appropriate?

- A. Ignore the difference because the amounts are close
- B. Delete the entire month of transactions and start over
- C. Correct the posting classification according to accounting procedure and rerun the trial balance
- D. Add a \$360 patient charge to force the totals to match

Answer: C

Question: 5

A newly hired front-office employee starts scheduling patients before completing orientation. The employee tells callers that the practice does not treat patients with Medicaid because "it takes too long to get paid," even though the office accepts Medicaid and has a nondiscrimination policy. Which management action is most appropriate?

- A. Provide immediate correction, review office policies with the employee, and document training according to office procedure
- B. Allow the employee to continue because scheduling errors are expected during the first week
- C. Tell other staff to ignore the employee's calls until the employee learns by experience
- D. Change the office policy to match what the employee has already told patients

Answer: A

Question: 6

A patient pays through the online portal, but the payment imports into the practice management system as "unmatched." The patient's confirmation number and account number are available. Which action is most appropriate?

- A. Leave the payment unmatched until the patient complains
- B. Post the payment to the oldest account with the same last name
- C. Refund the payment automatically without checking the account
- D. Match and post the payment to the correct account using the confirmation and account details according to office procedure

Answer: D

Question: 7

A patient with a persistent cough checks in and says they were recently exposed to tuberculosis. The office has a respiratory-symptom screening protocol.

Which action is most appropriate?

- A. Follow the office respiratory screening and isolation-notification protocol immediately
- B. Seat the patient in the crowded waiting room because registration is not finished
- C. Tell the patient exposure history is not relevant unless a diagnosis is confirmed
- D. Ask the patient to remove the exposure information from the intake form

Answer: A

Question: 8

A practice maintains both an EHR and a small legacy paper chart archive. A provider asks for the “complete record” before a complex follow-up visit. The administrative specialist finds recent notes in the EHR and older operative reports only in the paper archive.

Which action best supports complete record retrieval?

- A. Provide only the EHR notes because paper records are no longer useful
- B. Retrieve or identify both electronic and relevant paper archive documents according to office procedure
- C. Scan unrelated paper charts from nearby shelves to ensure the provider has enough background
- D. Tell the provider to ask the patient to remember all older procedures

Answer: B

Question: 9

Image/Graphic Stimulus Description: A vital-sign intake screen shows the following entries: Temperature 98.6°F; Pulse 76/min; Respirations 18/min; Blood Pressure 118/780 mm Hg; Weight 162 lb. The blood pressure field is flagged in red by the EHR.

Patient Intake: Vital Signs

Field	Entered Value
Temperature	98.6°F
Pulse	76/min
Respirations	18/min
Blood Pressure	118/780 mm Hg
Weight	162 lb

EHR FLAG: Value outside allowable limits

Which action is most appropriate based on the visual intake screen?

- A. Verify the blood pressure entry because the diastolic value appears to contain a data-entry error
- B. Accept the blood pressure value because all other vital signs are normal
- C. Change the blood pressure to 180/118 because that is a more realistic high reading
- D. Delete the entire vital-sign record because one field is flagged

Answer: A

Question: 10

Image/Graphic Stimulus Description: A scheduling screen shows the following appointments for Dr. Lane: 9:00 AM New patient visit requiring 40 minutes; 9:15 AM Procedure visit requiring room setup; 9:30 AM Routine follow-up visit; 9:40 AM New patient visit requiring 40 minutes. The scheduling template normally allows only one new patient visit per 40-minute block.

Dr. Lane — Schedule Template		
Time	Appointment Type	Notes
9:00 AM	New patient visit	Requires 40 minutes
9:15 AM	Procedure visit	Requires room setup
9:30 AM	Follow-up visit	Routine
9:40 AM	New patient visit	Requires 40 minutes
Template rule: only one new patient visit per 40-minute block. Visible issue: appointment durations overlap in the 9:00–9:40 window.		

Which scheduling issue is most clearly shown in the image?

- A. The schedule is correct because each appointment has a different start time
- B. The template has allowed overlapping appointment types that require more time than the schedule block provides
- C. The procedure visit should be removed because procedures never belong on provider schedules
- D. The follow-up visit should automatically be changed to a telehealth visit

Answer: B

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