

Dental Care Delivery in the United States Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. What communicates a problem or set of circumstances?**
 - A. Question**
 - B. Diagnosis**
 - C. Solution**
 - D. Method**

- 2. Which term describes a dental hygienist who works as a consultant or entrepreneur and operates their own business?**
 - A. Independent contractors**
 - B. Employees**
 - C. Part-time staff**
 - D. Temporary workers**

- 3. Which term describes a network where providers contract with insurers to render care at discounted rates?**
 - A. Preferred provider organization**
 - B. Health maintenance organization**
 - C. Capitation plan**
 - D. Point of service**

- 4. Which term describes the portion of the cost of each service that the patient pays?**
 - A. Copayment**
 - B. Deductible**
 - C. Coinsurance**
 - D. Premium**

- 5. A plan that uses the fee-for-service payment method and operates by means of a submittal and reimbursement method is called?**
 - A. Indemnity**
 - B. Fee for service**
 - C. Capitation**
 - D. Sliding scale**

- 6. Which term reflects the portion of the bill that the third party does not cover?**
- A. Encounter**
 - B. Co-payment**
 - C. Procedure number**
 - D. Explanation of benefits**
- 7. The agency that is in charge of ensuring that medicine is safe and efficacious in the United States is the _____.**
- A. Food and Drug Administration**
 - B. Centers for Disease Control and Prevention**
 - C. National Institutes of Health**
 - D. Agency for Toxic Substances and Disease Registry**
- 8. Dental hygienists can work on military bases in the United States as what type of employees?**
- A. Civil service employees**
 - B. Contract employees**
 - C. Private practitioners**
 - D. Volunteer staff**
- 9. What does NBDHE stand for?**
- A. National Board Dental Hygiene Exam**
 - B. National Board for Dental Hygiene Education**
 - C. National Board Dental Health Exam**
 - D. National Board of Dental Hygiene Examination**
- 10. True or False: A federally qualified health center must serve an affluent patient population in order to qualify for federal subsidies.**
- A. True**
 - B. False**
 - C. Not sure**
 - D. Depends**

Answers

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

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Explanations

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1. What communicates a problem or set of circumstances?

A. Question

B. Diagnosis

C. Solution

D. Method

The key idea is that a question signals that something is unclear or needs explanation, which is how a problem or set of circumstances gets communicated. In dental care, patients ask questions to express concerns like pain, swelling, or cosmetic issues—these are the problems awaiting attention. A diagnosis is the clinician's conclusion about what condition exists after evaluation, describing the problem rather than signaling it to start discussion. A solution describes how to fix something, not the issue itself. A method is about how to carry out a task, not the problem being addressed. So, a question is the vehicle that communicates that there is a problem or situation that requires clarification or investigation.

2. Which term describes a dental hygienist who works as a consultant or entrepreneur and operates their own business?

A. Independent contractors

B. Employees

C. Part-time staff

D. Temporary workers

Independent contractor describes a dental hygienist who operates their own business or provides consulting services under contract. This status means they set their own schedule and methods, bill clients directly for services, and handle their own taxes and benefits. They may work for multiple offices or clients and often control their professional offerings as an entrepreneur. This autonomy and self-employment shape the way they practice, distinct from being on a clinic's payroll. In contrast, being an employee means the clinic controls how and when work is done, with payroll tax withholding and benefits provided. Part-time staff and temporary workers are typically tied to a single employer or staffing arrangement, not running their own business or contracting independently.

3. Which term describes a network where providers contract with insurers to render care at discounted rates?

- A. Preferred provider organization**
- B. Health maintenance organization**
- C. Capitation plan**
- D. Point of service**

This question centers on how care networks negotiate discounts with insurers. A preferred provider organization is defined by providers signing agreements with insurers to accept discounted rates for services when patients stay within the network. Because of these negotiated rates, patients save money by using in-network clinicians, while still having the option to see out-of-network providers at higher costs if they choose. Understanding the other options helps see why this fits best. A health maintenance organization emphasizes a primary care physician who coordinates and restricts referrals within a fixed network, usually with prepaid arrangements. A capitation plan refers to how providers are paid (a set amount per patient per period) rather than how the network itself is structured. A point of service blends features of HMO and PPO plans, offering some out-of-network access but typically with more restrictions and cost-sharing than a pure PPO.

4. Which term describes the portion of the cost of each service that the patient pays?

- A. Copayment**
- B. Deductible**
- C. Coinsurance**
- D. Premium**

A fixed dollar amount that a patient pays for a covered service at the time of the visit is described as a copayment. This per-service amount is set by the insurance plan and is paid by the patient regardless of the total charge for the procedure, making costs predictable for the patient. The other terms work differently: a deductible is the amount a patient must pay out of pocket before insurance begins to pay, coinsurance is the share of costs the patient pays as a percentage after the deductible is met, and a premium is the regular payment to maintain the insurance coverage. Because the question focuses on the per-service amount the patient pays at the time of service, copayment is the best fit.

5. A plan that uses the fee-for-service payment method and operates by means of a submittal and reimbursement method is called?

- A. Indemnity**
- B. Fee for service**
- C. Capitation**
- D. Sliding scale**

Indemnity plans operate on a fee-for-service framework where services are billed and reimbursed after the claim is submitted. In this setup, providers can charge for each service, and the insurer pays a portion based on a schedule of benefits, with the patient sharing costs through deductibles and coinsurance. The process hinges on submitting claims and receiving reimbursement, rather than relying on network contracts or prepaid per-patient payments. This aligns with the description of a plan that uses fee-for-service payment and works through submittal and reimbursement. Other options describe different payment or pricing structures—capitation uses a fixed monthly payment per patient to providers, sliding scale adjusts charges by ability to pay, and labeling the plan as fee-for-service refers to the payment method rather than the plan type itself—so they don't fit as well.

6. Which term reflects the portion of the bill that the third party does not cover?

- A. Encounter**
- B. Co-payment**
- C. Procedure number**
- D. Explanation of benefits**

The concept here is cost-sharing between the patient and the insurer. A co-payment is the fixed amount the patient pays at the time of service, set by the insurance plan. This amount is not covered by the third-party payer in that encounter, and the insurer covers the remaining approved charges according to the plan. It's the patient's upfront share of the bill, separate from other possible amounts like coinsurance or deductibles that may apply later. Encounter describes the actual visit, not the payment portion. A procedure number is just the billing code used to identify the service. An Explanation of Benefits is the insurer's statement showing what was paid and what the patient still owes after processing, not the specific share the payer does not cover in the moment of service.

7. The agency that is in charge of ensuring that medicine is safe and efficacious in the United States is the _____.

A. Food and Drug Administration

B. Centers for Disease Control and Prevention

C. National Institutes of Health

D. Agency for Toxic Substances and Disease Registry

The agency in charge of ensuring medicines are safe and effective in the United States is the Food and Drug Administration. This agency reviews new drugs through clinical trials and requires solid evidence of safety and efficacy before a drug can be approved for marketing. It also monitors medicines after approval for adverse effects and enforces proper labeling, manufacturing practices, and quality standards. Other agencies play related public-health roles—CDC focuses on disease prevention and control, NIH conducts medical research, and ATSDR focuses on health effects of exposure to hazardous substances—but the FDA is the regulatory body responsible for drug safety, efficacy, and oversight of how medicines are produced and labeled.

8. Dental hygienists can work on military bases in the United States as what type of employees?

A. Civil service employees

B. Contract employees

C. Private practitioners

D. Volunteer staff

The main idea here is how healthcare staffing on military bases is organized. Dental hygienists who work on a base are typically employed by a private company that has a contract with the Department of Defense to provide dental services. These staff are called contract employees because they're hired by the contracting firm, not directly by the federal government as civil service employees. This setup lets the base access qualified hygienists and manage staffing and costs through the contractor. Civil service positions would mean direct DoD federal employment, which does exist in some settings but is not the most common arrangement for on-base dental clinics. Private practitioners would usually be independent providers and not necessarily working under a DoD contract, and volunteers are not the standard model for operating base clinics.

9. What does NBDHE stand for?

- A. National Board Dental Hygiene Exam**
- B. National Board for Dental Hygiene Education**
- C. National Board Dental Health Exam**
- D. National Board of Dental Hygiene Examination**

The key idea is recognizing the official name of the licensure assessment for dental hygienists. NBDHE stands for National Board Dental Hygiene Examination. This is the standardized exam used by U.S. state licensing boards to assess competence for practicing dental hygiene, typically administered through the Joint Commission on National Dental Examinations. The wording matches the field exactly: “National Board” for the nationwide exam, “Dental Hygiene” describes the profession, and “Examination” (often shortened to Exam in the acronym) indicates it’s an assessment. The other options change words in ways that don’t reflect the official title—for example, using “for” instead of “Board,” or “Dental Health” instead of “Dental Hygiene,” or “of” instead of “Board.” Those don’t align with the recognized name of the exam.

10. True or False: A federally qualified health center must serve an affluent patient population in order to qualify for federal subsidies.

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

Federally Qualified Health Centers are meant to expand access for underserved populations, not for affluent groups. To qualify for federal subsidies, an FQHC must meet criteria set by HRSA: be located in a medically underserved area or serve a medically underserved population, provide comprehensive primary care, offer services on a sliding fee scale based on income, and operate as a nonprofit or public entity with a community-governed board. Since the subsidies and enhanced reimbursements are aimed at improving access for low-income and underserved patients, serving an affluent population would not meet the requirements and would undermine the purpose of the funding.

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://dentalcaredeliveryintheus.examzify.com>

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

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