

# Epic Resolute Professional Billing (PB) Fundamentals for Single Billing Office Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**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

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>16</b>

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. In Epic Resolute, what is crucial for submitting accurate claims?**
  - A. Utilizing generic claim forms**
  - B. Ensuring correct claimant information and codes**
  - C. Conducting regular patient interviews**
  - D. Limiting claims to only a few services**
  
- 2. Which process occurs first in the claims workflow as defined by the claim run?**
  - A. Validation of patient eligibility**
  - B. Creation of the claim batch**
  - C. Processing of payments**
  - D. Finalization of patient charges**
  
- 3. What is a 'facsimile claim submission' in the context of Epic Resolute?**
  - A. A method of submitting claims electronically**
  - B. A process for sending faxes instead of electronic claims**
  - C. A technique for reducing claim submission errors**
  - D. A way to consolidate multiple claims into a single submission**
  
- 4. Which of the following is part of the overall flow in a Single Billing Office (SBO)?**
  - A. Claim rejection -> payment posting -> final statement**
  - B. Registration -> charge router -> self-pay follow-up**
  - C. Charge posting -> bill generation -> patient care**
  - D. Self-pay follow-up -> insurance claims -> patient registration**
  
- 5. How does transactional history benefit billing offices?**
  - A. By speeding up claim approvals**
  - B. By providing a complete financial activity record**
  - C. By ensuring compliance with regulations**
  - D. By generating patient reports**

- 6. How does Epic Resolute aid in 'end-of-day reconciliation'?**
- A. By generating patient satisfaction reports**
  - B. By consolidating payments and charges for review**
  - C. By verifying patient eligibility for the next day**
  - D. By submitting pending claims automatically**
- 7. What happens to claim errors once they are corrected?**
- A. They remain on the claim report**
  - B. They disappear from the claim edit workqueue**
  - C. They require further review**
  - D. They are archived for future reference**
- 8. What is a key function of the professional billing charge entry module?**
- A. Managing staff appointments**
  - B. Entering charges for services provided**
  - C. Reviewing insurance plans**
  - D. Processing lab results**
- 9. What does a hospital account record (HAR) contain?**
- A. Information about staff scheduling**
  - B. Visit specific accounts generated during a patient's visit**
  - C. Patient insurance eligibility information**
  - D. Only billing history**
- 10. In what scenario would a charge session include multiple charge tickets?**
- A. When multiple patients are billed in one go**
  - B. When one patient has multiple visits that need to be recorded**
  - C. When there are multiple guarantors involved in parts of the payment**
  - D. When services are bundled together for a single charge**

## Answers

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. In Epic Resolute, what is crucial for submitting accurate claims?**

- A. Utilizing generic claim forms**
- B. Ensuring correct claimant information and codes**
- C. Conducting regular patient interviews**
- D. Limiting claims to only a few services**

In Epic Resolute, ensuring correct claimant information and codes is critical for submitting accurate claims because accurate data directly impacts the claim's validity and the likelihood of approval by payers. The information submitted must reflect the specifics of the services provided, including the correct patient demographics, provider details, diagnosis codes, and procedure codes. This not only helps in facilitating a smooth claims process but also reduces the chances of denials or delays in payment, which can significantly affect revenue flow for the practice. Furthermore, precise coding is necessary to comply with regulations and payer requirements. If the codes or information are incorrect, it can lead to claim rejections, necessitating resubmission and potentially delaying payment. Therefore, focusing on the accuracy of claimant information and codes is paramount for the efficiency and effectiveness of the billing process in any healthcare setting.

**2. Which process occurs first in the claims workflow as defined by the claim run?**

- A. Validation of patient eligibility**
- B. Creation of the claim batch**
- C. Processing of payments**
- D. Finalization of patient charges**

In the claims workflow defined by the claims run, the creation of the claim batch occurs first. This step involves grouping together all claims that are ready to be processed based on the criteria set within the billing system. The creation of a claim batch is crucial because it organizes the claims for further processing. When claims are batched together, the system can efficiently handle numerous claims in a single operation, ensuring that all necessary information is compiled and prepared for subsequent steps, such as validation, payment processing, and charge finalization. This initial organization sets the stage for all other actions in the claims workflow, making it a foundational step in the process. In contrast, although validation of patient eligibility and finalization of patient charges are important steps in the workflow, they occur after claims have been batched. Processing of payments also follows after claims have gone through the necessary validation and adjustment processes. Therefore, understanding that claim batching is the starting point helps clarify the sequence and organization of billing operations within a successful medical billing cycle.

**3. What is a 'facsimile claim submission' in the context of Epic Resolute?**

- A. A method of submitting claims electronically**
- B. A process for sending faxes instead of electronic claims**
- C. A technique for reducing claim submission errors**
- D. A way to consolidate multiple claims into a single submission**

In the context of Epic Resolute, a 'facsimile claim submission' specifically refers to the process of utilizing fax technology to send claims to payers rather than submitting them electronically. This method is used when electronic claim submission is not feasible or when specific circumstances necessitate the use of fax. While electronic submissions are preferred for their speed and efficiency, facsimile submissions can serve as an important alternative in certain situations. Understanding this definition is crucial for recognizing how various claim submission methods operate within the billing framework, and it highlights the importance of having flexible options for dealing with claims. Other options focus on aspects like electronic submission methods, error reduction techniques, or consolidation, which do not align with the specific nature of facsimile claim submission, emphasizing the intended purpose of this method within the billing process.

**4. Which of the following is part of the overall flow in a Single Billing Office (SBO)?**

- A. Claim rejection -> payment posting -> final statement**
- B. Registration -> charge router -> self-pay follow-up**
- C. Charge posting -> bill generation -> patient care**
- D. Self-pay follow-up -> insurance claims -> patient registration**

The most appropriate choice reflects the fundamental workflow within a Single Billing Office (SBO) setting. The overall flow typically begins with the process of patient registration, which is crucial for collecting necessary demographic and insurance information. Following registration, the charge router plays a key role in directing the recorded charges to the appropriate billing functions and further processing; this ensures that the billing is accurately aligned with the services provided. After the charge router, it's common to engage in self-pay follow-up as part of the revenue cycle process. This phase involves reaching out to patients who may be responsible for payment due to insurance or other factors, thereby managing financial responsibility effectively. The flow outlined in this choice accurately captures essential steps in the billing process, providing a clear picture of how patient information and financial data are handled in a systematic manner from start to finish. This underlines the importance of registration, charge management, and follow-up in maintaining an effective revenue cycle within the SBO environment.

## 5. How does transactional history benefit billing offices?

- A. By speeding up claim approvals
- B. By providing a complete financial activity record**
- C. By ensuring compliance with regulations
- D. By generating patient reports

The value of transactional history in billing offices lies in its capability to deliver a complete financial activity record. This comprehensive record includes all individual transactions related to a patient's billing profile, such as services rendered, payments received, and adjustments made. Having access to this detailed transactional history enables billing staff to track financial interactions effectively, ensuring they have a clear understanding of each patient's account status. This clarity is crucial for resolving discrepancies, managing collections, and performing reconciliations. Furthermore, a complete record can facilitate audits and enhance overall financial management, which is essential for maintaining the health of the billing office and ensuring accurate reporting. In contrast, while the other options touch upon valid aspects of billing operations, they do not encapsulate the primary benefit of transactional history as thoroughly as the complete financial activity record does. For example, speeding up claim approvals and generating patient reports are important, but they stem from the underlying availability of accurate data that is reflected in the transactional history. Similarly, ensuring compliance with regulations relates more to regulatory practices than the direct advantages of having a robust transactional history.

## 6. How does Epic Resolute aid in 'end-of-day reconciliation'?

- A. By generating patient satisfaction reports
- B. By consolidating payments and charges for review**
- C. By verifying patient eligibility for the next day
- D. By submitting pending claims automatically

Epic Resolute assists in end-of-day reconciliation primarily by consolidating payments and charges for review. This process is essential for ensuring that all financial transactions for the day are accurately accounted for. By compiling various payment and charge data, it allows billing staff to cross-check and confirm that the amounts billed to patients align with the payments received. This consolidation also helps in identifying discrepancies, ensuring that everything is balanced before closing the day's financials. Proper reconciliation not only aids in maintaining accurate financial records but also supports the practice in forecasting revenue and identifying any patterns that may need addressing. Thus, it plays a critical role in the financial management of a healthcare organization, making it a vital function of Epic Resolute's capabilities in supporting billing offices.

**7. What happens to claim errors once they are corrected?**

- A. They remain on the claim report**
- B. They disappear from the claim edit workqueue**
- C. They require further review**
- D. They are archived for future reference**

When claim errors are corrected, they disappear from the claim edit workqueue. The claim edit workqueue is designed to help staff identify and resolve issues with submitted claims. Once a correction has been made, the claim is updated in the system, indicating that the error has been addressed and is no longer an issue that requires attention. This process allows billing staff to maintain an efficient workflow by focusing on unresolved claims, ensuring that only outstanding errors remain visible in the workqueue. In this context, maintaining a clear workqueue enhances the ability for billing teams to prioritize and manage claims effectively, ultimately leading to faster processing and resolution of billing issues.

**8. What is a key function of the professional billing charge entry module?**

- A. Managing staff appointments**
- B. Entering charges for services provided**
- C. Reviewing insurance plans**
- D. Processing lab results**

A key function of the professional billing charge entry module is the process of entering charges for services provided. This module is essential for accurately capturing the costs associated with medical services rendered during patient visits. It allows billing staff to input service codes and associated charges into the system, which is vital for generating bills that reflect the treatments and diagnostics provided to patients. Entering charges accurately ensures that healthcare providers receive proper reimbursement from insurance companies and patients. This module typically interfaces with clinical documentation, allowing for a seamless transition of information from patient care to billing. By effectively managing this process, the practice can maintain a steady cash flow, minimize billing errors, and optimize revenue cycle management.

## 9. What does a hospital account record (HAR) contain?

- A. Information about staff scheduling
- B. Visit specific accounts generated during a patient's visit**
- C. Patient insurance eligibility information
- D. Only billing history

A hospital account record (HAR) is a comprehensive document that provides vital information related to a patient's visit to the hospital. It is specifically generated during each patient encounter and includes details that support billing processes, clinical records, and operational management. This account record tracks all transactions and activities related to that particular visit, connecting medical services received to the corresponding charges and payments. The inclusion of visit-specific accounts is crucial because it facilitates accurate billing and ensures that all services provided during the visit are accounted for. This information plays a significant role in the revenue cycle management of healthcare facilities, as it directly impacts the collections process and overall financial health. While other options mention various forms of data, such as staff scheduling, insurance eligibility, or billing history, they do not fully encapsulate the primary purpose of the HAR, which is to centralize all relevant data specific to a patient's encounter. Therefore, option B accurately reflects the essential content and function of a hospital account record.

## 10. In what scenario would a charge session include multiple charge tickets?

- A. When multiple patients are billed in one go
- B. When one patient has multiple visits that need to be recorded**
- C. When there are multiple guarantors involved in parts of the payment
- D. When services are bundled together for a single charge

The scenario in which a charge session would include multiple charge tickets is when one patient has multiple visits that need to be recorded. In this case, each visit may involve different services, procedures, or encounters that are documented separately for billing purposes. This approach ensures that each service rendered during each visit is accurately captured and charged, leading to precise billing and adherence to coding requirements. By utilizing multiple charge tickets within a single charge session for one patient, billing staff can meticulously track the variety of services across different appointments and ensure that all services are properly accounted for in the billing process. Other scenarios might not necessitate multiple charge tickets in the same way. For example, billing multiple patients together would generally require separate charge tickets for each patient to maintain clarity and avoid confusion in billing records. Similarly, involving multiple guarantors typically relates more to payment responsibility rather than necessitating multiple charge tickets unless separate services are being billed. Lastly, bundling services into a single charge usually reduces the number of charge tickets rather than increases it, as bundled charges condense multiple services into one billing entity.

## 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](mailto:hello@examzify.com).**

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

**<https://pbsinglebillingoffice.examzify.com>**

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

SAMPLE