



**PAMIBIA UNIVERSITY**  
OF SCIENCE AND TECHNOLOGY

**FACULTY OF COMMERCE; HUMAN SCIENCES AND EDUCATION**

**DEPARTMENT OF GOVERNANCE & MANAGEMENT SCIENCES**

<b>QUALIFICATION : Bachelor of Business and Information Administration</b>	
<b>QUALIFICATION CODE: 07BBIA</b>	<b>LEVEL: 6</b>
<b>COURSE: Medical Office Applications 2A</b>	<b>COURSE CODE: MOA611S</b>
<b>DATE: June 2024</b>	<b>SESSION: Practical Paper</b>
<b>DURATION: 2 Hours</b>	<b>MARKS: 160</b>

<b>FIRST OPPORTUNITY – QUESTION PAPER</b>	
<b>EXAMINER(S)</b>	<b>Ms L Beukes</b>
<b>MODERATOR:</b>	<b>Ms Petrina Witbeen</b>

**THIS MEMORANDUM CONSISTS OF 9 PAGES**  
(Excluding this front page)



### Question 1

**Health Harmony Medical Centre** is about to open their doors in Klein Windhoek. As the new Office Administrator, you have been appointed as the co-ordinator for this very important project.

The event date is scheduled for Saturday, the 28<sup>th</sup> of September 2024. Planning will start from the 2<sup>nd</sup> of September 2024.

The Launching of this big event is made up of the following tasks and resources:

NR	NAME OF TASK	TASK DURATION	RESOURCES
1.	Develop a Business Plan	2 Days	Krestina
2.	Select a Location/Venue	1 Day	Gizelle
3.	Obtain Necessary Licenses and Permits:	2 Days	Peter
4.	Marketing and Branding	2 Days	Peter
5.	Invite local stakeholders	3 Days	Gizelle
6.	Entertainment & Sound System	2 Days	Krestina
7.	Catering (Refreshments for Guests).	2 Days	Krestina
8.	Programme Design & Printing	1 Days	Gizelle
9.	Photographer & Media release	1 Days	Gizelle
10.	Programme Director	1 Days	Peter
11.	Confirm guest list	1 Day	Krestina
12.	Final check-ups and logistics	1 Days	Peter

1.

1. The Milestones for this event will be the following:

**Deposit of 50 %** to be paid for the:

- (a) Venue
- (b) Marketing & Branding
- (c) Programme Design & Printing

**Full Payments** to be made for the:

- (a) Photographer & Media release
- (b) Programme Director

- 2. Please add predecessors for each milestone.
- 3. Assign resources to the tasks as indicated above.
- 4. Insert your Name in the Header, save your document and print to fit (1 page only).

**QUESTION 2**

**MARKS: 30**

In Ms Word create the following form on one sheet. Adhere to typing rules and instructions Given on the next page. Use the font Arial, size 12. Please print one copy which displays the content controls and information added.

General Admission Registration (u/c, bold, font Arial Black, size 18, cent)

≠

Personal Information (u/c, bold, font size 12, cent)

≠

Insert D/S { Name:.....  
 Last Name:.....  
 Email:.....  
 Gender:  Male  Female  
 Phone:.....  
 Date of Birth:.....  
 Do you require parking?  Yes  No

Dietary restrictions? → Bold

Insert D/S { None  
 Vegetarian  
 Gluten Allergy  
 Lactose Allergy  
 Nut Allergy  
 Shellfish Allergy

Insert Check Boxes on the left of the different options.

What is your room preference: Single Room  
 Shared Room  
 No Room Needed } Insert Drop Down List

≠

What activities will you attend: Award Gala Dinner  
 Luncheon  
 Town Hall } Insert Drop Down List

≠

Are you registering for yourself or someone else?  
 Myself  
 Someone Else } Insert checkboxes on the left of each option

Additional Information: → u/c, bold, centre, size 12

≠

If registering for someone else, please provide their name and relationship to you:

Use D/S → Name:.....  
 Relationship:..... → Insert Content controls: Use the font Emphasis to format

Any special accommodations needed: Yes No → Insert checkboxes

Insert textbox

≠

Use D/S, insert hanging { Terms and Conditions: (bold)  
 By submitting this registration form, I agree to abide by the rules and regulations set forth by the organizers of the event/program.  
 I understand that my registration is subject to approval and may be rejected if incomplete or inaccurate information is provided

## Question 2 (Form)

**INSTRUCTIONS:**

1. Delete dotted lines and insert content controls, and format as indicated below in brackets. Please replace dotted lines with the details as indicated below.

Name: Your name (Subtle Emphasis)

Last Name: Your surname (Subtle Emphasis)

Email: Your email address (Intense Emphasis)

Gender: Your gender

Phone: 0815557896 (Strong)

Date of Birth: Today's date (Full Date)

Do you require parking? Your choice

What is your room preference: Your choice.

What activities will you attend: Your choice.

Are you registering for yourself or someone else? Your choice.

2. Additional information:  
Name: Name of classmate  
Relationship: Fellow Student
3. Terms and Conditions: Tick both boxes.

4

**QUESTION 3****MARKS: 30**

Retrieve the following Sales Journal of Fire Equipment. Adhere to the instructions to complete the Journal.

Service Date	Fire Equipment	Code	Quantity	Cost Price	Rating	Units Sold	Sale Price	If Functon
02/04/2024	CO2 Aluminium	FR10	20	107.00	34B	96		
09/04/2024	ATFF Stored Pressure+A1:l11	FR11	50	186.63	75B	101		
16/04/2024	Class F (Deep Fats)	CF1	60	257.16	TBA	106		
23/04/2024	Dry Power Stored Pressure	DF2	25	138.61	13A	85		
30/04/2024	Dry Power Stored Pressure	DF3	90	86.54	27A	45		
06/05/2024	Dry Power Stored Pressure	DF4	20	111.18	55A	75		
13/05/2024	ATFF Stored Pressure	AF1	65	65.34	5A	58		
20/05/2024	ATFF Stored Pressure	AF2	90	112.65	13A	52		
27/05/2024	ATFF Stored Pressure	AF3	90	115.50	21A	75		
10/06/2024	Water Stored Pressure	WS1	60	83.81	13A	65		
	Sumlf Function							
	TOTAL							

**QUESTION 4****MARKS: 20**

Retrieve Question 4 – Pivot Table (List of Holidays) from your M-drive and adhere to the instructions that follow.

**Instructions:**

1. Retrieve the following table in Excel and save the workbook as: Question 4 -Pivot Table
2. Rename sheet1 to Original
3. Make a copy of table in Original and rename the new sheet as **Best Buy Travel Agents**
4. Insert 2 rows above the column headings.
5. Insert Main Heading in row 1 -**Best Buy Travel Agents**  
(U/C, Bold, Merge & Centre, Arial Black, 16)
  
6. **Edit the table as follows:**
  - 6.1 Change the font of the entire table to Arial font size 12.
  - 6.2 Change the column headings to font size (12), bold, u/c
  - 6.3 Fill Column Headings (White Background 1, Darker 15%) row height pixel 50
  - 6.4 Resize columns headings and change the row height of the rest of the table to 25 pixels.
  
7. **Pivot Table:**
  - 7.1 Select the **Original sheet** and create a PivotTable.
  - 7.2 From the PivotTable Field List choose **Number of days by Country** *to be displayed* in the Report.
  - 7.3 Move **Travel Method** to Column Label and **Country** to row label and **Nr of Days** to Values.
  - 7.4 Rename the sheet tab - **Report**
  
8. **Chart:**
  - 8.1 Create a Pie chart from the Report.
  - 8.2 Insert the following Chart Elements:
    - Chart Title - Best Buy Travel Agents (Bold, u/c, centre)
    - Data Lables - Data Callout
    - Legend - Insert on the left
  - 8.3 Select Style 4 from the chart styles.
  - 8.4 Make sure both the table and chart fit on one sheet and print.

**INSTRUCTIONS:**

1. Insert three rows on top of the table.
2. Top row: Insert the heading Fire Equipment (u/c, Arial, font size 16, bold, merge & centre)  
Row 2: Insert April 2024 (Arial, font size 12, bold, merge & centre)
3. Use the Sum Function to calculate the Sale Price (Quantity x Cost Price).
4. Use the correct formula to calculate the Cost Price of the Dry Power Stored Pressure only.  
Insert the answer in E18.
5. Use the If-Function to calculate the Sale Price of the Fire Equipment.  
If the sale price is smaller than 5500 the equipment must be sold on promotion.
6. Insert the correct formula to calculate the total sum of the Sale Price. Insert answer in H19.
7. Change the Date to a full date and centre position.
8. Bold the column headings, all calculated answers and the answers for the IF function.
9. Increase the row height:  
Column Headings: 50 Pixels  
Rest of the table: 30 Pixels
10. Change the font of the entire table to Calibri and font size to 12.
11. Merge and Centre and right-align the following cells:  
Cell A16 & B16 as well as A17 & B17.
12. Print final copy on landscape.

## QUESTION 5

MARKS: 60



Ongwediva Medipark recently like to open their doors to the public. Since you were trained in the software Elixir, the task to help set up a new practice have been allocated to you as the newly appointed Medical Office Administrator. The information below will assist you with this very important responsibility to set up the practice. Please add any missing column headings from the customize property list and delete the columns not being used.

1. Start by creating Service Providers for the practice.

Provider	Email Addresses	Discipline	HPCSA NR	Cellular	Dispensing	Dispensing Registration
Dr Gerson Amakali	gamakali@gmail.com	Paedtric Surgeon	00210	0813358600	Yes	2562461
Dr Peter Efraim	pefraim@mweb.na	Radiologist	00211	0813358601	Yes	2562463
Dr Eva Kateta	ekateta@gmail.com	Urologist	00212	0813358602	No	-
Dr Eric Tuyoleni	etuyoleni@iway.na	Neuro Surgeon	00213	0813358603	Yes	2562465
Dr Lorraine Uusiko	luusiko@africaonline.na	General Practitioner	00214	0813358604	No	-
Dr Karen Elago	kelago@gmail.com	Neurologist	00215	0813358605	Yes	2562467

2. Create the following accounts for each patient.

Surname	First name	ID NUMBERS	Postal Address	Town	Email Address	Provider
Vilho	Getrude	8003150021540	PO Box 333	WINDHOEK	gvilho@mweb@na	Dr Karen Elago
Tshavuka	Eva	8802202589001	PO Box 380	OKAHANDJA	etshavuka@mweb.na	Dr Eva Kateta
Stefanus	Julia	9003120010235	PO Box 422	OTJIWARONGO	jstefanus@gmail.com	Dr Eric Tuyoleni
Endjala	Andrew	8012010025251	PO Box 252	GROOTFONTEIN	aendjala@iway.com	Dr Peter Efraim
Kaundje	Ruth	7501150012457	PO Box 310	KATIMA MULILO	rkaundje@nust.na	Dr Lorraine Uusiko
Matheus	Simon	4504260001245	PO Box 370	TSUMEB	smatheus@gmail.com	Dr Gerson Amakali

3. Add the following **Accounting groups** to your Database:

- 3.1 Normal – White
- 3.2 Bad Debts – Purple
- 3.3 Benefits Exceeded – Blue
- 3.4 Overdue Payments – Green

4. Set up the following **clinics**:

- 4.1 Town Clinic
- 4.2 Ongwediva Clinic
- 4.3 Private Clinic



5. Load the following **Colleagues**:
- 5.1 Dr Samuel Albertus, HPCSA: SA10102, Assisting doctor, Anaesthetists  
Private Bag 212, Rundu
- 5.2 Dr Paulus Alweendo, HPCSA: PA9911 – Referring doctor – Orthopaedic Surgeon, Private  
Bag 979, Walvisbay.
6. Add the following medical aid numbers (references) to the existing accounts.

Surname	First name	Medical AID	Medical Aid
		Scheme	Number
Vilho	Getrud	PRIVATE	PRIV5006
Tshavuka	Eva	NAMDEB	NAM7878
Stefanus	Julia	NHP SILVER	NHP5151
Endjala	Andrew	INVESTMED	INV1235
Kaundje	Ruth	NMC RUBY	NMC6622
Matheus	Simon	PROSPERITY	PRO2525

7. The following new service providers has joined the medical field
- Details:** Dr Deon Louw, **Discipline:** Anaesthetist, **HPCSA Registration:** AF23300,  
**Mobile:** 0811255698, **Dispensing:** Yes, **Dispensing Registration:** 2562469.  
**Email Address:** dlouw@gmail.com
- Details:** Dr Willem Nienaber, **Discipline:** Cardiologist, **HPCSA Registration:** CA55002,  
**Mobile:** 081122000, **Dispensing:** No, **Email Address:** wnienaber@mweb.com
8. You have to add the following reasons to the **Rejection** list.
- 8.1 Account in Arrears
- 8.2 Insufficient Funds
9. Select the Account group “Benefits Exceeded” and place a **financial block** on it.
10. Add the necessary resources and make the following appointments in the Elixir Diary
- 10.1 Eva Tshavuka phone the practice for an appointment for a normal consultation with  
Dr Kateta 8<sup>th</sup> July 2024 at 08:00.
- 10.2 A new patient Mr T Kashaka, walks into the practice, he has not been there before. Book  
an appointment for him for 17 June2024 at 15:00 with Dr Efraim.
- 10.3 Make a new appointment for Ms Vilho with Dr Gerson on the 30<sup>th</sup> May 2024 at 14:00
- 10.4 Ms Tshavuka phoned back and wanted a longer appointment. Please extend the  
appointment until 09:00.
- 10.5 Mr Kashaka called back; due to unforeseen circumstances he requested that the  
appointment be shifted to the 26<sup>th</sup> June 2024,

- 11. Please create a new practice **template** called **Test Results** and type the following details on it.

23 May 2024

<PATIENTTITLE> <PATIENTFIRSTNAME> <PATIENTSURNAME>  
 <ADDRESSA>  
 <ADDRESSB><ADDRESSC>

Dear <PATIENTTITLE> <PATIENTSURNAME>

I hope this letter finds you in good health. Following your recent blood tests performed on <DATEOFSERVICE> I have reviewed the results and would like to share them with you, along with my recommendations.

Your blood tests have provided us with valuable information about your cholesterol levels, and blood sugar levels. To ensure that you fully understand your test results and to discuss the next steps in your care, I recommend scheduling a follow-up appointment. During this visit, we can go over any questions you may have and outline a detailed plan for any further investigations or treatments that may be needed.

Please contact our office at 061-233565 to arrange your appointment. We are here to support you through this process and to assist in any way possible.

Warm regards

Dr R Nghitukwa

Student Name & Number

- 12. Use the Mail Merge function and Merge the account of Ms Julia Stefanus with this letter. Type your student number and name in brackets at the end of the letter and print a copy.
- 13. From your existing accounts, please open the following accounts and add the following children as dependants on their accounts.

MAIN MEMBER	DEPENDANT	DEPENDANT
Ruth Kaundje	Ralph Kaundje (Husband) DOB: 10 August 1974 Allergies: Amiloride	Rachel Kaundje (Child) DOB: 25 Septembe 2014 Allergies: Ibuprofen
Simon Matheus	Sandra Matheus (Daughter) DOB: 10 July 2005 Allergies: Cyclizine	