



ΠΑΜΙΒΙΑ UNIVERSITY
OF SCIENCE AND TECHNOLOGY

FACULTY OF COMMERCE, HUMAN SCIENCES & EDUCATION
DEPARTMENT OF GOVERNANCE AND SCIENCES, HOSPITALITY, TECHNICAL AND
VOCATIONAL EDUCATION AND TRAINING

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1st OPPORTUNITY EXAMINATION QUESTION PAPER	
EXAMINER:	MS A SCHROEDER
MODERATOR:	MS L TRIPODI

INSTRUCTIONS
a) Answer ALL the questions and start each question on a new page. b) Read all questions carefully before answering. c) Number answers according to the numbering structure provided in the question paper.

THIS QUESTION PAPER CONSISTS OF 4 PAGES
(INCLUDING THIS FRONT PAGE)

QUESTION 1

[20]

Identify the letter of the choice that best completes the statement or answers the question. **(10)**

- 1.1 The abbreviation SOMR stands for:
A. Standard Operating Medical Record
B. Systematic Online Medical Review
C. Secure Online Medical Repository
D. Structured Observational Medical Record
E. Source-Oriented Medical Record
- 1.2 _____ refers to the term where patients want to have certainty and trust that their medical histories and treatment will be kept confidential.
A. Medical history
B. Patient's rights
C. Patient confidentiality
D. Patient's medical record
E. Patient's death notices for creditors
- 1.3 Patients covered by medical aids are usually asked to have their medical claims send directly to their doctor's practice. This arrangement is called _____.
A. Release of information
B. Confidentiality agreement
C. Standards of care
D. Assignment of benefits
E. Missed appointment
- 1.4 Contains information about the patient's past diseases and family members past diseases
A. Obituaries
B. Radiology reports
C. Immunisations
D. Medical history
E. Consultation
- 1.5 Iyaloo Tompson, a patient at Dr Weber passes away with an outstanding medical bill. Dr Weber may submit a claim against Iyaloo Tompson estate. Which of the following best describes an estate claim in medical billing?
A. A claim submitted to Medicare for reimbursement of funeral expenses
B. A request for payment made to the deceased patient's estate for outstanding medical balances
C. A claim filed with the insurance company after the patient's death to transfer coverage to a family member
D. A legal document that allows the provider to inherit the patient's property
E. A waiver that releases the family from all medical debt after the patient's death
- 1.6 The first method used to attempt to collect a debt might be:
A. Calling the guarantor at work
B. Writing a letter to the guarantor
C. Adding an intimidating message to the guarantor's statement
D. Asking the patient in person for payment

- 1.7 In medical insurance, what does the term “premium” refer to?
- The amount the insurance company pays to the hospital for each claim
 - The fixed amount the insured person must pay before insurance starts covering services
 - The monthly or periodic payment made by the policyholder to maintain insurance coverage
 - The percentage of the medical bill the patient must pay after the deductible
 - The maximum limit the insurance company will pay in a year for covered services
- 1.8 In medical practice debt collection, what is the primary purpose of a collection letter?
- To threaten legal action immediately after a missed payment
 - To notify the insurance company that a patient has an unpaid bill
 - To formally remind patients of their outstanding balances and request payment
 - To inform patients that their insurance policy has been cancelled
 - To advertise new services offered by the medical practice
- 1.9 A patient visits a medical practice for treatment of a back injury sustained while lifting heavy equipment at work. The patient explains the injury happened during normal job duties and provides the employer’s insurance information. In this situation, how should the medical practice handle billing?
- Bill the patient directly, since all patients are ultimately responsible for their own medical expenses
 - Submit the claim to the employer’s workers’ compensation insurance for payment
 - Bill the patient’s private health insurance, because workers’ compensation does not cover medical costs
 - Write off the charges immediately as non-collectible since workplace injuries are not billable
 - Wait until the patient’s employer pays the provider in cash before treating the patient
- 1.10 _____ refers to any individual, such as the subscriber’s spouse or dependent, who qualifies for benefits under that subscriber policy.
- Premium
 - Insured
 - Insurer
 - Beneficiary
 - Competitor

Medical Office Assistants need to be familiar with a variety of medical abbreviations that are commonly used in the medical office. Indicate what the following abbreviations stand for. **(10)**

- 1.11 BM
- 1.12 ADHD
- 1.13 FH
- 1.14 BP
- 1.15 CC
- 1.16 DVT
- 1.17 MRI
- 1.18 HEENT
- 1.19 LP
- 1.20 PI

QUESTION 2**[30]**

Answer all the questions. Pay attention to the mark allocation of each question.

- 2.1 After graduating at NUST in 2026 you will become a Medical Office Administrator. Examine five major responsibilities of a Medical Office Administrator. **(10)**
- 2.2 Patient rights are those basic rules of conduct between patients and medical caregiver as well as the institutions and people that support them. Examine any seven (7) rights the Namibian patients have. **(7)**
- 2.3 Discuss the concept “confidentiality agreements” that all medical personnel need to be familiar with, once they get a job at a hospital, dentist or a private practice. **(5)**
- 2.4 Dr Shilongo uses the SOAP method of documenting patient visits in a patient’s file. Indicate what the abbreviation stands for and examine each aspect in detail. **(8)**

QUESTION 3**[30]**

- 3.1 Medical practices often must write off patient’s outstanding fees as bad debt. Examine five reasons why a patient’s account at a medical practice may not have been paid. **(10)**
- 3.2 Examine five (5) advantages of Electronic Health Records. **(10)**
- 3.3 Aiden Clarke has started to work a new employee as a Medical Office Assistant at Medi-clinic private hospital in Swakopmund. You have been working at the same hospital for five years and have been asked to explain to him how the hospital deal with missed appointments. **(6)**
- 3.4 Legal and ethical issues in medical billing are a matter of concern for all medical practitioners. Discuss “medical debt” as one of these legal and ethical issues individuals and businesses must deal with. **(4)**

QUESTION 4**[20]**

- 4.1 Discuss “identity theft” (3) and “estate claims” (3) as two legal and ethical issues in medical billing that medical practitioners must deal with. **(6)**
- 4.2 There are several role players in the medical aid fund industry. Examine three main functions of NAMFISA as one of the players in the medical aid fund industry. **(3)**
- 4.3 Indicate what the abbreviation NAMAFA stands for. **(1)**
- 4.4 Medical aid schemes and health care insurance programmes face tremendous problems related to medical aid fraud and abuse. Discuss five (5) of the most common fraud or abuse practices that medical aid schemes and health care insurance companies must deal with. **(10)**