Claims, EOBs & RX

Knowledge Test

Instructions

Select the best answer for each question. This assessment checks understanding of medical claims, Explanation of Benefits (EOBs), and prescription (RX) billing.

Question 1

What is a medical claim?

A. A bill sent directly to the client
B. A request for payment sent to the insurance company
C. A pharmacy receipt
D. An Explanation of Benefits

Question 2

Who typically submits a medical claim?

A. The insurance agent
B. The client
C. The doctor, hospital, or pharmacy
D. The state insurance department

Question 3

What does EOB stand for?

A. Evidence of Billing
B. Explanation of Benefits
C. Estimate of Benefits
D. End of Billing

Question 4

Which statement about an EOB is TRUE?

A. It is a bill that must be paid immediately
B. It explains how a claim was processed
C. It replaces the provider's bill
D. It is sent only to providers

Question 5

Why do agents often screen share EOBs with clients?

A. To collect payment
B. To dispute coverage
C. To visually explain how billing and claims work
D. To enroll clients in new plans

Question 6

Which document should show the patient responsibility amount?

A. Provider advertisement
B. Insurance policy
C. Explanation of Benefits (EOB)
D. Pharmacy coupon

Question 7

What is a common client misunderstanding about EOBs?

A. They arrive too late
B. They are optional documents
C. They are the same as a medical bill
D. They only apply to prescriptions

Question 8

If a deductible is applied to a claim, this means:

A. The claim was denied
B. Insurance made an error
C. The client is responsible for the cost up to the deductible
D. The provider is out-of-network

Question 9

What is coinsurance?

A. A fixed dollar amount paid for services
B. A percentage of costs paid by the client after the deductible
C. A pharmacy discount program
D. A late payment fee

Question 10

Prescription (RX) claims are usually processed:

A. After Open Enrollment
B. By the insurance agent
C. At the pharmacy at the time of pickup
D. Only once per year

Question 11

What factors commonly affect RX claim costs?

A. Drug tier and formulary placement
B. Provider office hours
C. State tax rates
D. Enrollment date

Question 12

What document may explain prescription charges after pickup?

A. A pharmacy receipt or RX EOB
B. A premium invoice
C. A medical bill
D. A subsidy notice

Question 13

When reviewing an EOB with a client, what should agents focus on?

A. Marketing language
B. Provider profit

C. Patient responsibility and how it was calculated
D. Premium amounts

Question 14

If a bill does not match the EOB, what is an appropriate next step?

A. Ignore the bill
B. Immediately cancel the policy
C. Verify network status and contact billing or the carrier
D. Submit a new application

Question 15

Why does educating clients on claims and EOBs reduce cancellations?

A. Claims process faster
B. Clients avoid paying premiums
C. Clients better understand costs and expectations
D. Insurance pays more claims