

Chapter 8 Review Answers

- KAU 1. For each of the following, circle the best answer to each question.
- A. A one-year insurance policy was purchased for \$960 on July 1, 20-1. On December 31, 20-1, it had an unexpired value of
- a. \$240.
 - b. \$480.**
 - c. \$560.
 - d. \$400.
 - e. None of the above.
- B. The accountant did not prepare an entry to adjust the Supplies account at the end of the accounting period. Which is the result?
- a. The Supplies account was overstated.
 - b. The total expenses were understated.
 - c. The net income was overstated.
 - d. The owner's equity was overstated.
 - e. All of the above are true.**
- C. On the basis of the following data, what is the proper adjusting entry for June 30, the end of the fiscal year?
- Supplies account balance before adjustment, \$1900
 - Supplies physical inventory on June 30, \$750
- a. Debit Supplies \$750; credit Supplies Expense \$750.
 - b. Debit Supplies Expense \$750; credit Supplies \$750.
 - c. Debit Supplies Expense \$1900; credit Supplies \$1900.
 - d. Debit Supplies \$1900; credit Supplies Expense \$1900.
 - e. Debit Supplies Expense \$1150; credit Supplies \$1150.**
- D. The source of data for preparing closing entries is
- a. the trial balance.
 - b. the worksheet.**
 - c. the general ledger.
 - d. All of the above.
- E. Before the Income Summary account is closed, a credit balance represents the
- a. total expenses for the accounting period.
 - b. net loss for the accounting period.
 - c. net income for the accounting period.**
 - d. total assets for the accounting period.

Fordney Chapter 8 Review

Marilyn Fordney



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Fordney's Medical Insurance and Billing - E-Book Linda M. Smith, 2024-08-07 Gain the skills you need to succeed in insurance coding and billing Fordney's Medical Insurance and Billing 17th Edition helps you master the insurance billing specialist's role and responsibilities in areas such as diagnostic coding procedural coding HCPCs coding medical documentation billing and collection Using clear explanations this book covers all types of insurance coverage commonly encountered in hospitals physicians offices and clinics Step by step guidelines lead you through the submission of electronic claims and paper claims as well as the job search and professional advancement Written by coding specialist and educator Linda M Smith this market leading text is a complete guide to becoming an efficient insurance billing specialist NEW HCPCs Coding chapter covers ambulance billing supply billing and certificates of medical necessity NEW Content on professionalism includes customer service conflict management diversity awareness leadership and other competencies to help you become an effective engaged and highly functioning employee NEW Additional content on medical decision making helps you select the appropriate evaluation and management codes under the current documentation guidelines NEW Additional examples of CMS claims include those from Blue Shield and Automobile Insurance NEW Updates to credentialing include those specific to Medicare Medicaid and Workers Compensation Coverage of medical documentation diagnostic coding and procedural coding provides you with the foundation and skills needed to work in a physician's office as well as ambulatory and inpatient settings Coverage of the role and responsibilities of the insurance billing specialist emphasizes advanced job opportunities and certification Chapter on HIPAA compliance as well as Compliance Alerts highlight important HIPAA compliance issues and the latest regulations Step by step procedures detail common responsibilities of the insurance billing specialist and coder Key terms and abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Color coded icons denote and clarify information rules and regulations for each type of payer Insights From The Field includes more interviews with experienced insurance billing specialists providing a snapshot of their career paths and offering advice to the new student Scenario boxes help you apply concepts to real world situations Quick Review sections summarize chapter content and also include review questions Student Software Challenge on the Evolve website allows you to practice filling out interactive CMS 1500 forms [Workbook for Fordney's Medical Insurance and Billing - E-Book](#) Linda M. Smith, 2025-04-04 Get the hands on practice you need to master medical insurance billing and coding Corresponding to the chapters in Fordney's Medical Insurance and Billing 17th Edition this workbook provides realistic exercises that help you apply concepts and develop the skills needed by insurance billing specialists Assignments ask you to complete common claim forms such as the CMS 1500 and the UB 04 by extracting information from patient records and accurately selecting procedural and diagnostic codes This edition adds exercises on professionalism HCPCS coding and credentialing activities With this practical workbook you will make the most of your Fordney's textbook NEW HCPCS Coding chapter includes

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Fordney, 2014-08-27 A complete guide to insurance billing and coding Insurance Handbook for the Medical Office 13th Edition covers all the plans that are most commonly encountered in clinics and physicians offices Its emphasis on the role of the medical insurance specialist includes areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies Learning to fill in the claim form accurately is made easier by the use of icons for different types of payers lists of key abbreviations and numerous practice exercises This edition provides the latest on hot topics such as ICD 10 healthcare reform the new CMS 1500 form and electronic claims Trusted for more than 30 years this proven reference from Marilyn Fordney prepares you to succeed as a medical insurance professional in any outpatient setting Emphasis on the business of running a medical office highlights the importance of the medical insurance specialist in filing clean claims solving problems and collecting overdue payments Key terms and key abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Detailed tables boxes and illustrations call out key points and main ideas Unique Color coded icons clarify information rules and regulations for different payers An Evolve companion website enhances learning with performance checklists self assessment quizzes and the Student Software Challenge featuring cases for different payer types and an interactive CMS 1500 form to fill in A workbook contains learning tips practice exercises for key terms and abbreviations review questions study outlines performance objectives a chapter with practice tests and critical thinking activities for hands on experience with real world cases Available separately Updated coverage of key health insurance topics includes HIPAA compliance the HITECH Act health reform of 2010 electronic health records electronic claims ICD 10 NUCC standards Physician Quality Reporting System PQRS Incentive Program Meaningful Use and CPT 2013 Updated ICD 10 coding information prepares you for the October 2014 ICD 10 implementation date Updated content on claim forms includes block by block explanations and examples for the new CMS 1500 Claim Form Updated guidelines for the filing and submission of electronic claims include sample screenshots and prepare you for the future of the medical office

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