

# Clinical Code Query Form

## Personal Details

Title	Miss
First Name	ayma
Last Name	mohamed
Telephone	0810778616
Email	ayoshymohamed@gmail.com

## Practice Information

Medical Practice Type	Doctor
BHF Practice No	9090

## Query Information

Query Type	Non Payment
Diagnosis Code	A123
Procedure Code	9090
Query Description	a

## Non/Partial Payment Details

Claim Reference Number	19uhd
Date of Service	2024-11-06

<b>Amount Billed</b>	990
<b>Amount Paid</b>	90
<b>Medical Aid Scheme Name</b>	a
<b>Medical Aid Scheme Plan</b>	a