# **Clinical Code Query Form**

### **Personal Details**

Title	Dr
First Name	Kondwani
Last Name	Tshuma
Telephone	0614837013
Email	md.2022.b7j6z5@vossie.net

## **Practice Information**

Medical Practice Type	Radiologist
BHF Practice No	555555

# **Query Information**

Query Type	Scenarios
Diagnosis Code	123
Procedure Code	123456
Query Description	кјнкјgн

### **Scenarios Details**

Medical Aid Scheme Name	DFDSF
Medical Aid Scheme Plan	DSFDS

Claim Reference Number	DSFDS
Reason of Rejection	FDSDF