# **Clinical Code Query Form**

#### **Personal Details**

Title	Dr
First Name	Kondwani
Last Name	Tshuma
Telephone	0614837013
Email	KondwaniTshuma@gmail.com

### **Practice Information**

Medical Practice Type	Doctor
BHF Practice No	555555

# **Query Information**

Query Type	Non Payment
Diagnosis Code	A123
Procedure Code	123456
Query Description	SSSSSS

# **Non/Partial Payment Details**

Claim Reference Number	C1234
Date of Service	2024-11-07

Amount Billed	5000
Amount Paid	0
Medical Aid Scheme Name	testmed
Medical Aid Scheme Plan	Gold