# **Clinical Code Query Form**

### **Personal Details**

Title	Mr
First Name	Kondwani
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## **Practice Information**

Medical Practice Type	techSavvy
BHF Practice No	TTSIUUA

# **Query Information**

Query Type	Scenarios
Diagnosis Code	AAA
Procedure Code	AAA
Query Description	AAA

### **Scenarios Details**

Medical Aid Scheme Name	AAA
Medical Aid Scheme Plan	AAA

Claim Reference Number	AAA
Reason of Rejection	AAA