

Clinical Code Query Form

Personal Details

Title	Dr
First Name	Timothy
Last Name	Hope
Telephone	0670229410
Email	moremadiliezelle@icloud.com

Practice Information

Medical Practice Type	Radiologist
BHF Practice No	3467

Query Information

Query Type	Non Payment
Diagnosis Code	A123
Procedure Code	14567
Query Description	hello

Non/Partial Payment Details

Claim Reference Number	09a09009
Date of Service	2024-11-07

Amount Billed	2000
Amount Paid	1100
Medical Aid Scheme Name	momentum
Medical Aid Scheme Plan	plan