

Clinical Code Query Form

Personal Details

Title	Dr
First Name	Kondwani
Last Name	Tshuma
Telephone	0614837013
Email	ktSilver2001@outlook.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	I have not being paid

Non/Partial Payment Details

Claim Reference Number	C11234
Date of Service	2024-11-12

Amount Billed	5000
Amount Paid	2000
Medical Aid Scheme Name	Test Med
Medical Aid Scheme Plan	gold