# **Clinical Code Query Form**

### **Personal Details**

Title	Dr
First Name	Boitumelo
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## **Practice Information**

Medical Practice Type	Radiologist
BHF Practice No	12345

# **Query Information**

Query Type	Scenarios
Diagnosis Code	A123
Procedure Code	14567
Query Description	chgfnchncbv

### **Scenarios Details**

Medical Aid Scheme Name	mhchgc
Medical Aid Scheme Plan	jhjghcjg

Claim Reference Number	jtcghcjg
Reason of Rejection	ngfxjghg