

Clinical Code Query Form

Personal Details

| | |
|------------|--------------------------|
| Title | Dr |
| First Name | Kondwani |
| Last Name | Tshuma |
| Telephone | 0614837013 |
| Email | ktSilver2001@outlook.com |

Practice Information

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|-----------------------|--------|
| Medical Practice Type | Doctor |
| BHF Practice No | 555555 |

Query Information

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|-------------------|-----------|
| Query Type | Scenarios |
| Diagnosis Code | A123 |
| Procedure Code | 123456 |
| Query Description | retretr |

Scenarios Details

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|-------------------------|---------|
| Medical Aid Scheme Name | TestMed |
| Medical Aid Scheme Plan | Premium |

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|-------------------------------|-------|
| Claim Reference Number | C1234 |
| Reason of Rejection | hbhui |