

Clinical Code Query Form

Personal Details

Title	Miss
First Name	ayma
Last Name	mohamed
Telephone	0810778616
Email	ayoshymohamed@gmail.com

Practice Information

Medical Practice Type	Doctor
BHF Practice No	9090

Query Information

Query Type	Non Payment
Diagnosis Code	A123
Procedure Code	9090
Query Description	a

Non/Partial Payment Details

Claim Reference Number	19uhd
Date of Service	2024-11-06

Amount Billed	990
Amount Paid	90
Medical Aid Scheme Name	a
Medical Aid Scheme Plan	a