

# Clinical Code Query Form

## Personal Details

Title	Dr
First Name	Boitumelo
Last Name	Tshoenyane
Telephone	0108756868
Email	md.2022.x7f5q0@vossie.net

## Practice Information

Medical Practice Type	Radiologist
BHF Practice No	12345

## Query Information

Query Type	Non Payment
Diagnosis Code	A123
Procedure Code	14567
Query Description	KVDCJSVFKDJSV,KDVVFLJCRHVCF

## Non/Partial Payment Details

Claim Reference Number	DKVDKFJVB
Date of Service	2024-11-05

<b>Amount Billed</b>	50000
<b>Amount Paid</b>	20000
<b>Medical Aid Scheme Name</b>	DISDLDLEWIU
<b>Medical Aid Scheme Plan</b>	KJAFLZSJF