

# Clinical Code Query Form

## Personal Details

Title	Dr
First Name	Kondwani
Last Name	Tshuma
Telephone	0614837013
Email	KondwaniTshuma@gmail.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	ddfds

## Non/Partial Payment Details

Claim Reference Number	C1234
Date of Service	2024-11-13

<b>Amount Billed</b>	5000
<b>Amount Paid</b>	0
<b>Medical Aid Scheme Name</b>	tes
<b>Medical Aid Scheme Plan</b>	testmed