

Clinical Code Query Form

Personal Details

Title	Dr
First Name	Kondwani
Last Name	Tshuma
Telephone	0614837013
Email	md.2022.b7j6z5@vossie.net

Practice Information

Medical Practice Type	Radiologist
BHF Practice No	12345678

Query Information

Query Type	Non Payment
Diagnosis Code	aa
Procedure Code	aa
Query Description	tt

Non/Partial Payment Details

Claim Reference Number	C123
Date of Service	2024-12-06

Amount Billed	5000
Amount Paid	2000
Reason for Partial Payment or Non-Payment	incorrect or unknown coding
Medical Aid Scheme Name	testmed
Medical Aid Scheme Plan	Gold