

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	Partial Payment
Diagnosis Code	A1234
Procedure Code	1523
Query Description	uguygf

Non/Partial Payment Details

Claim Reference Number	C1234
Date of Service	2024-11-12

Amount Billed	5000
Amount Paid	0
Medical Aid Scheme Name	TestMed
Medical Aid Scheme Plan	Premium