

Clinical Code Query Form

Personal Details

Title	Mr
First Name	Kondwani
Last Name	Tshuma
Telephone	0614837013
Email	KondwaniTshuma@gmail.com

Practice Information

Medical Practice Type	techSavvy
BHF Practice No	TTSIUUA

Query Information

Query Type	Partial Payment
Diagnosis Code	564564654
Procedure Code	56465465
Query Description	56465465

Non/Partial Payment Details

Claim Reference Number	CH4555
Date of Service	2024-10-31

Amount Billed	8000
Amount Paid	8000
Reason for Partial Payment or Non-Payment	Incorrect/unknown coding
Medical Aid Scheme Name	jiowjdip
Medical Aid Scheme Plan	dlsfnkndas