

# Clinical Code Query Form

## Personal Details

<b>Title</b>	Miss
<b>First Name</b>	ayma
<b>Last Name</b>	mohamed
<b>Telephone</b>	0810778616
<b>Email</b>	ayoshymohamed@gmail.com

## Practice Information

<b>Medical Practice Type</b>	Doctor
<b>BHF Practice No</b>	9090

## Query Information

<b>Query Type</b>	Non Payment
<b>Diagnosis Code</b>	A123
<b>Procedure Code</b>	9090
<b>Query Description</b>	a

## Non/Partial Payment Details

<b>Claim Reference Number</b>	89908
<b>Date of Service</b>	2024-11-12

<b>Amount Billed</b>	899.99
<b>Amount Paid</b>	89.97
<b>Medical Aid Scheme Name</b>	momentum
<b>Medical Aid Scheme Plan</b>	pplan