



RADIOLOGY REFERRAL

From: Medical Advisor: CareCross Health




Dear Doctor

Please assist with the following:

Procedure: Chest XR PA and lateral

Clinical: For exclusion of underlying tuberculosis

PROCEDURES

-  The procedure (code: 30110,0084) will be reimbursed upon receipt of your account at BHF tariff.
-  Any queries can be directed to CareCross Health on 0860 101 159
-  The account to be submitted electronically to CareCross Health Head Office:
QEDI to Submission code: 561P
or posted to: P.O. Box 44991, Claremont, 7735

Please include the patient's full name and ID number on the account.

Directors: I Black (Chairman), R Nauta (managing), Y Bhayat, T Motjuwadi

