

Missing Claims Inquiry

Please complete form for researching missing claims that have not been sent to the client/provider.

Client Name: Masters, Mates & Pilots Health & Benefits Plan

Claims type (Medicare or VA Crossover, Dental, or Commercial): Medicare Crossover

Provider Name: Avinash

Tax ID: 453 **NPI:** 1234

Patient (1) Info:

Patient Name: Ak

Date of Birth: 2025-07-12

Claim Info for Patient (1):

DOS <u>aa</u>	Amount: \$	<u>1</u>
DOS <u></u>	Amount: \$	<u>1</u>
DOS <u>cc</u>	Amount: \$	<u>1</u>