

# 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:	123

Patient (1) Info:

Patient Name:	AK
Date of Birth:	2025-07-12

Claim Info for Patient (1):

DOS	aa	Amount: \$	1
DOS	bb	Amount: \$	1
DOS	cc	Amount: \$	1

Patient (2) Info:

Patient Name:	BK
Date of Birth:	2025-07-12

Claim Info for Patient (2):

DOS	aa	Amount: \$	1
DOS	bb	Amount: \$	1
DOS	cc	Amount: \$	1

Patient (3) Info:

Patient Name:	DK
Date of Birth:	2025-07-12

Claim Info for Patient (3):

DOS	aa	Amount: \$	11
DOS	vv	Amount: \$	1
DOS	cc	Amount: \$	1