

## 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