

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	Amount
aa	\$1
bb	\$1
cc	\$1

Patient (2) Info:

Patient Name:

BK

Date of Birth:

2025-07-12

Claim Info for Patient (2):

DOS	Amount
aa	\$11
bb	\$1
cc	\$1

Patient (3) Info:

Patient Name:

DK

Date of Birth:

2025-07-12

Claim Info for Patient (3):

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