

Missing Claims Inquiry

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

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

Provider Name: Tushar Fuse

Tax ID: 2NPI: 2

Patient (1) Info:

Patient Name: 2

Date of Birth: 02/01/2025

Claim Info for Patient (1):

DOS	2	Amount: \$	2
DOS	2	Amount: \$	2
DOS	2	Amount: \$	2

Patient (2) Info:

Patient Name: 2

Date of Birth: 02/01/2025

Claim Info for Patient (2):

DOS	2	Amount: \$	22
DOS	2	Amount: \$	2
DOS	2	Amount: \$	2

Patient (3) Info:

Patient Name: 2

Date of Birth: 02/01/2025

Claim Info for Patient (3):

DOS	2	Amount: \$	2
DOS	2	Amount: \$	2
DOS	2	Amount: \$	2