

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: Jazz

Tax ID: 5 NPI: 5

Patient (1) Info:

Patient Name: 5

Date of Birth: 2025-05-01

Claim Info for Patient (1):

DOS	5	Amount: \$	5
DOS	5	Amount: \$	5
DOS	5	Amount: \$	5

Patient (2) Info:

Patient Name: 5

Date of Birth: 2025-05-01

Claim Info for Patient (2):

DOS	5	Amount: \$	5
DOS	5	Amount: \$	5
DOS	5	Amount: \$	5

Patient (3) Info:

Patient Name: 5

Date of Birth: 2025-05-01

Claim Info for Patient (3):

DOS	5	Amount: \$	5
DOS	5	Amount: \$	5
DOS	5	Amount: \$	5