

## 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):

DOSaa

Amount: \$1

DOSbb

Amount: \$1

DOScc

Amount: \$1