Missing Claims Inquiry

Client Name:	Masters, Mates &	& Pilots He	ealth & Bene	fits Plan	
Claims type (Medicare or VA Crossover, Dental, or Commercial): Medicare Crossover					
Provider Name: Harsh Jadhao					
Tax ID: 6		NPI:	6		
Patient (1) Info) :				
Patient Name:	6				
Date of Birth:	06/01/2025				
Claim Info for Patient (1):					
DOS 6			Amount: \$	6	
DOS 6			Amount: \$	6	
DOS 6			Amount: \$	6	
Patient (2) Info:					
Patient Name:	6				
Date of Birth:	06/01/2025				
Claim Info for Patient (2):					
DOS 6			Amount: \$	6	
DOS			Amount: \$	6	
DOS 6			Amount: \$	6	
Patient (3) Info):				
Patient Name:	6				
Date of Birth:	06/01/2025				
Claim Info for Patient (3):					
DOS 6			Amount: \$	6	
DOS 6			Amount: \$	6	
DOS 6		Amount: \$	6		