

## 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	aa	Amount: \$	1
DOS	bb	Amount: \$	1
DOS	cc	Amount: \$	1