

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 Kalmegh

Tax ID: 453 NPI: 123

Patient (1) Info:

Patient Name: AK

Date of Birth: 2025-07-05

Claim Info for Patient (1):

DOS	aa	Amount: \$	1
DOS	bb	Amount: \$	2
DOS	cc	Amount: \$	3

Patient (2) Info:

Patient Name: BK

Date of Birth: 2025-07-12

Claim Info for Patient (2):

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

Patient (3) Info:

Patient Name: DK

Date of Birth: 2025-07-12

Claim Info for Patient (3):

DOS	aa	Amount: \$	1
DOS	vv	Amount: \$	1
DOS	cc	Amount: \$	1