

## 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 <u>aa</u>	Amount: \$ <u>1</u>
DOS <u>bb</u>	Amount: \$ <u>1</u>
DOS <u>cc</u>	Amount: \$ <u>1</u>