

## 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