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

Patient (2) Info:

Patient Name: BK

Date of Birth: 2025-07-12

Claim Info for Patient (2):

DOS aa   Amount: $ 1

DOS bb   Amount: $ 2

DOS cc   Amount: $ 3

Patient (3) Info:

Patient Name: DK

Date of Birth: 2025-07-12

Claim Info for Patient (3):

DOS aa   Amount: $ 3

DOS vv   Amount: $ 4

DOS cc   Amount: $ 5