



ANY GROUND. ANY AIR. ANYWHERE.

MASA MTS EMERGENT CLAIM INSTRUCTIONS

DOCUMENTS NEEDED TO PROCESS A CLAIM

- Bill/Health Insurance Claim Form a/k/a "HICFA"
- Run notes/Trip notes from provider
- Explanation of Benefits a/k/a "EOB"

NEW CLAIM INSTRUCTIONS

- Submit the bill from the ambulance company to MASA with Member's MASA number clearly displayed.
- Submit the bill via E-Mail, Fax or Mail.
- Attach the EOB and run notes, if readily available.
- Contact the claims department directly with any questions.

Email:

Ambulanceclaims@MASA.Global

Fax:

877-681-2399

Mail:

MASA
ATTN: CLAIMS DEPT.
P.O. Box 14130,
Ft. Lauderdale, FL 33302

NPacella@MASA.Global or directly at 954-334-8261