



ANY GROUND. ANY AIR. ANYWHERE.

## MASA MTS EMERGENT CLAIM INSTRUCTIONS

### DOCUMENTS NEEDED TO PROCESS A CLAIM

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- 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

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- 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](mailto:Ambulanceclaims@MASA.Global)

**Fax:**

877-681-2399

**Mail:**

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

[NPacella@MASA.Global](mailto:NPacella@MASA.Global) or directly at 954-334-8261