

Medical Record Request



INSURANCE CLAIM TEST

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[https://web-stage-
navierre.osdb.io/profile](https://web-stage-navierre.osdb.io/profile)

Date: Jan 07, 2026

Time: 11:19 am

Attn: **Daniel King**

Address: PO BOX 217, LANDRUM, SC 29356

Phone: -

Fax: ((86)-4) -4571288

Re: **Sandra Papke**

REQUESTING MEDICAL RECORDS FROM YOU

URGENT

Release of Information

Appointment Details

Patient: Sandra Papke¹

Appointment Date: Oct 30, 2025

Amount: \$7.58

We are requesting medical records related to the above appointment in order to complete and process an insurance claim on behalf of the patient.

Please include the following documents if available:

- Visit summary / encounter notes
- Diagnoses (ICD-10 codes)
- Procedures performed (CPT codes)

Submit by fax at fax@email.com or email to testclaimspractice@navierre.com

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