

Medical Record Request



INSURANCE CLAIM TEST

Synergy Health
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USA
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testclaimspractice@naviire.com

<https://web-stage-noviire.sdb.io/profile>

Date: Jan 29, 2026

Time: 12:13 pm

Attn: Null Mother Frances Hospital Jacksonville
Address: PO BOX 847522, DALLAS, TX 75284

Phone: -
Fax: (90-3) -5414679

Re: Shelley Winn

REQUESTING MEDICAL RECORDS FROM YOU

URGENT

Release of Information

Appointment Details

Patient: Shelley Winn *

Appointment Date: Jun 16, 2025

Amount: \$17895.69

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)

Go to <https://pablo-dev.vercel.app/app/5/0X3o65Yd> or
scan the QR code and enter code below to submit

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