

## Medical Record Request



## INSURANCE CLAIM TEST

Synergy Health  
Advisors, West  
Grand Avenue,  
Montvale, NJ,  
USA

testclaimspractice@navierre.com

155555555555

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

Date: Jan 07, 2026

Time: 11:24 am

Attn: **Jonathan White**  
Address: PO BOX 681789, FRANKLIN, TN  
37068

Phone: -  
Fax: (931)-962-2520

Re: **Priscilla Hall**

**REQUESTING MEDICAL RECORDS FROM YOU**  
Release of Information

**URGENT**

**Appointment Details**

Patient: Priscilla Hall \* 1947-08-07

Appointment Date: Aug 12, 2025

Amount: \$120

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](mailto:fax@email.com) or email to [testclaimspractice@navierre.com](mailto:testclaimspractice@navierre.com)

CONFIDENTIALITY NOTICE: THIS TRANSMISSION IS INTENDED FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN PROTECTED HEALTH INFORMATION OR OTHER CONFIDENTIAL INFORMATION. IF YOU ARE NOT THE INTENDED RECIPIENT OR THE EMPLOYEE RESPONSIBLE FOR DELIVERING THE MESSAGE FOR THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY AND ARRANGE FOR THE RETURN OR DESTRUCTION.