

Proof of Payment Request



INSURANCE CLAIM TEST

Synergy Health
Advisors, West
Grand Avenue
Montvale, NJ
USA

15555555555

testclaimspractice@naviare.com



[https://web-stage-
naviare.com/duo/profile](https://web-stage-naviare.com/duo/profile)

Date: Feb 18, 2026

Time: 12:07 pm

Response identifier: resp-id-i4tdidLqtLRn

Attn:

Durga Bodala

Address: 4013 ROUTE 9 N STE 1N, HOWELL,
NJ 07731

Phone: -

Fax: (732)-905-5266

Re:

Michael Hill**REQUESTING PROOF OF PAYMENT FROM YOU**

Release of Information

URGENT**Appointment Details**

Patient: Michael Hill * 1988-01-09

Appointment Date: May 19, 2019

Amount: \$175

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

Submit by fax at 5512614566 or email to testclaimspractice@naviare.com

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