

Proof of Payment Request



INSURANCE CLAIM TEST

Synergy Health
Advisors, West
Grand Avenue,
Montvale, NJ,
USA
15555555555

testclaimspractice@naviire.com

<https://web-stage-naviire.osdb.io/profile>

Date: Feb 18, 2026

Time: 12:07 pm

Response identifier: resp-id-i4tdidUqfLRn

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@naviire.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 ITS RETURN OR DESTRUCTION.