

Medical Record Request



INSURANCE CLAIM TEST

Synergy Health
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USA

testclaimspractice@naviire.com

155555555555

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

Date: Jan 19, 2026

Time: 06:31 am

Attn: **Hilary Behnke**

Address: Po Box 22487, Green Bay, WI 54305

Phone: -

Fax: (920)-445-7289

Re: **Sandra Johnson**

REQUESTING MEDICAL RECORDS FROM YOU

URGENT

Release of Information

Appointment Details

Patient: Sandra Johnson * 1960-01-02

Appointment Date: Jan 02, 2006

Amount: \$150

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 www.noviire.com/records and
enter code below to submit

874179

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