

Medical Record Request



INSURANCE CLAIM TEST

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USA
15555555555

testclaimspractice@navi.re.com

<https://web-stage-navi.re.com/dbio/profile>

Date: Jan 15, 2026

Time: 06:47 am

Attn: **Shayna Purcell**

Address: 500 FOOTHILL DR, SALT LAKE CITY,
UT 84148

Phone: -
Fax: ((80)-1) -5820385

Re: **April Kaiser**

REQUESTING MEDICAL RECORDS FROM YOU

URGENT

Release of Information

Appointment Details

Patient: April Kaiser * 1963-09-24

Appointment Date: Aug 29, 2025

Amount: \$100

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 or email to testclaimspractice@navi.re.com

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