

INSURANCE CLAIM TEST

FAX COVER SHEET

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

Phone: 15555555555

FAX NUMBER

(313)-131-3123

SUBMISSION CODE

147055

FAX RETURN NUMBER

(551)-261-4566

PATIENT REFERENCE IDENTIFIER

resp-id-FoggDUQLrKkm

PROVIDER NAME

William Currie

DATE OF REQUEST

Feb 24, 2026

CLAIM NUMBER

10006



INSURANCE CLAIM TEST

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

testclaimspractice@navierre.com
<https://web-stage-navierre.os.dti.io/profile>

Date: Feb 24, 2026

Time: 03:04 am

Response identifier: resp-id-FoggDUQLrKkm

Attn: William Currie
Address: 338 ALEXANDER SPRING RD,
CARLISLE, PA 17013

Phone: -
Fax: (313)-131-3123

Re: Prila Hauffl

REQUESTING MEDICAL RECORDS FROM YOU
Release of Information

URGENT

Appointment Details

Patient: Prila Hauffl * 1947-08-07
Appointment Date: Aug 12, 2025
Amount: \$452

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 5512614566 or email to testclaimspractice@navierre.com

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