

Proof of Payment Request



INSURANCE CLAIM TEST

Synergy Health
Advisors, West
Grand Avenue,
Montvale, NJ,
USA
155555555555

testclaimspractice@naviire.com

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

Date: Jan 23, 2026

Time: 06:15 am

Attn: **Heather Abernethy**

Address: 7974 UW HEALTH CT, MIDDLETON,
WI 53562

Phone: -
Fax: ((60)-8) -2626247

Re: **Zachary Mcknight**

REQUESTING PROOF OF PAYMENT FROM YOU

Release of Information

URGENT

Appointment Details

Patient: Zachary Mcknight * 2007-06-24

Appointment Date: Dec 24, 2025

Amount: \$100

Comment: nmbmbn,bmn

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.

Go to <https://pablo-dev.vercel.app/api/s/uPw6JyF> or
scan the QR code and enter code below to submit

887936



CONFIDENTIALITY NOTICE: THIS TRANSMISSION IS INTENDED FOR THE USE OF THE ADDRESSEES AND MAY CONTAIN PROTECTED HEALTH INFORMATION OR OTHER CONFIDENTIAL INFORMATION. IF YOU ARE NOT THE INTENDED RECIPIENT OR HIS/HER EMPLOYEE, IT IS PROHIBITED FOR YOU TO DELIVER/OPEN 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.