

Medical Record Request



INSURANCE CLAIM TEST

Synergy Health
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USA
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testclaimspractice@navierre.com

https://web-stage-navierre.osd.io/profile

Date: Jan 29, 2026 Time: 08:07 am

Attn: Null Mother Frances Hospital Jacksonsville
Address: PO BOX 847522, DALLAS, TX 75284
Phone: -
Fax: ((90)-3) -5414679

Re: Shelley Winn

REQUESTING MEDICAL RECORDS FROM YOU

Release of Information

URGENT

Appointment Details
Patient: Shelley Winn *
Appointment Date: Jun 16, 2025
Amount: \$17895.69

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 <https://pablo-dev.vercel.app/api/s/GsxR8jfk> or scan the QR code and enter code below to submit

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