

INSURANCE CLAIM TEST

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

Phone: 15555555555

FAX COVER SHEET**FAX NUMBER****(617)-643-7941****SUBMISSION CODE****521079****FAX RETURN NUMBER****(551)-261-4566****PATIENT REFERENCE IDENTIFIER****resp-id-XQyMid4w4YCX****PROVIDER NAME****Stacey Brauner****DATE OF REQUEST****Feb 19, 2026****CLAIM NUMBER****10003**

Proof of Payment Request



INSURANCE CLAIM TEST

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

15555555555

testclaimspractice@navierre.com



[https://web-stage-
navierre.os.dba.io/profile](https://web-stage-navierre.os.dba.io/profile)

Date: Feb 19, 2026

Time: 03:19 am

Response identifier: resp-id-XQyMid4w4YCX

Attn:

Stacey BraunerAddress: 243 CHARLES STREET, BOSTON, MA
02114

Phone: -

Fax: (617)-643-7941

Re:

Jason Rogers

REQUESTING PROOF OF PAYMENT FROM YOU

Release of Information

URGENT

Appointment Details

Patient: Jason Rogers * 1993-11-23

Appointment Date: Feb 22, 2023

Amount: \$100

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.

Submit by fax at 5512614566 or email to testclaimspractice@navierre.com

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