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
testclaimspractice@navierre.com
15555555555
https://web-stage-navierre.osdb.io/profile

Date: Feb 19, 2026 Time: 03:19 am Response identifier: resp-id-XQyMid4w4YCX

Attn: **Stacey Brauner**
Address: 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