

Medical Record Request



INSURANCE CLAIM TEST

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Montvale, NJ,
USA
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testclaimspractice@navierre.com

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

Date: Jan 14, 2026

Time: 11:20 am

Attn:

Charlotte Barnhart

Address: PO BOX 7527, DUBLIN, OH 43017

Phone: -

Fax: ((61)-4) -5446370

Re:

Michael Elliott

REQUESTING MEDICAL RECORDS FROM YOU

Release of Information

URGENT**Appointment Details**

Patient: Michael Elliott * 1967-10-14

Appointment Date: Dec 06, 2025

Amount: \$35

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 fax@email.com or email to testclaimspractice@navierre.com

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