

## Proof of Payment Request



## INSURANCE CLAIM TEST

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

15555555555

testclaimspractice@naviare.com



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

Date: Feb 18, 2026

Time: 09:09 am

Attn:

**Jeffrey Marvel**

Address: 1821 N WASHINGTON ST,  
TULLAHOMA, TN 37388

Phone: -

Fax: (931)-455-4450

Re:

**Daisy Osborne**

## REQUESTING PROOF OF PAYMENT FROM YOU

Release of Information

**URGENT**

## Appointment Details

Patient: Daisy Osborne \*

Appointment Date: Apr 14, 2025

Amount: \$2.12

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/xx13K4tr> or  
scan the QR code and enter code below to submit

**216540**



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