

Proof of Payment Request



INSURANCE CLAIM TEST

Synergy Health
Advisors, West
Grand Avenue,
Montvale, NJ,
USA
155555555555

testclaimspractice@naviire.com

<https://web-stage-naviire.osdb.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

URGENT

Release of Information

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.venelapp.com/s/xx13K4tr> or
scan the QR code and enter code below to submit

216540



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