

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: Jan 20, 2026

Time: 05:52 am

Attn: **Priya Bhattacharyya**

Address: 210 Holmes Ave, Clarendon Hills, IL
60514

Phone: -
Fax: (517)-913-6712

Re: **Carol Shepard**

REQUESTING PROOF OF PAYMENT FROM YOU

URGENT

Release of Information

Appointment Details

Patient: Carol Shepard * 1977-11-01

Appointment Date: Jan 02, 2006

Amount: \$350

Comment: ii

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/pDzG4eM> or
scan the QR code and enter code below to submit

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