

Medical Record Request



INSURANCE CLAIM TEST

Synergy Health
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Montvale, NJ,
USA
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testclaimspractice@navierre.com



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

Date: Jan 29, 2026

Time: 08:07 am

Attn: **Null Eastgate Health Care Cent
er, Llc**
Address: 390 WARDS CORNER RD, LOVELAND,
OH 45140

Phone: -

Fax: ((51)-3) -9434240

Re: **John Tvrdy**

REQUESTING MEDICAL RECORDS FROM YOU
Release of Information

URGENT**Appointment Details**

Patient: John Tvrdy *

Appointment Date: Aug 01, 2025

Amount: \$4609

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)

Go to <https://pablo-dev.vercel.app/api/s/p2osnsuk> or
scan the QR code and enter code below to submit

760135

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