

Medical Record Request



INSURANCE CLAIM TEST

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USA

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<https://web-stage-naviire.osdb.io/profile>

Date: Jan 14, 2026

Time: 04:09 pm

Attn: Julie Blizzard

Address: 4502 E 41ST ST, TULSA, OK 74135

Phone: -

Fax: ((91)-8) -6194334

Re: Michael Phillips

REQUESTING MEDICAL RECORDS FROM YOU

Release of Information

URGENT

Appointment Details

Patient: Michael Phillips * 1965-10-05

Appointment Date: Oct 27, 2025

Amount: \$150

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@naviire.com

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