

INSURANCE CLAIM TEST

Synergy Health Advisors, West Grand Avenue, Montvale, NJ, USA
Phone: 15555555555

FAX COVER SHEET

FAX NUMBER

(334)-383-9918

SUBMISSION CODE

473223

FAX RETURN NUMBER

(551)-261-4566

PATIENT REFERENCE IDENTIFIER

resp-id-RCwuR6Jb4pMk

PROVIDER NAME

Kristen Beverly

DATE OF REQUEST

Feb 19, 2026

CLAIM NUMBER

10002



INSURANCE CLAIM TEST

Synergy Health
Advisors, West
Grand Avenue,
Montvale, NJ,
USA
15555555555
testclaimspractice@navierre.com
https://web-stage-
navierre.osd.io/profile

Date: Feb 19, 2026

Time: 04:59 am

Response identifier: resp-id-RCwuR6Jb4pMk

Attn:

Kristen Beverly

Address: 221 COUNTRY CLUB DR,
GREENVILLE, AL 36037

Phone: -

Fax: (334)-383-9918

Re:

Thomas Flores

REQUESTING PROOF OF PAYMENT FROM YOU
Release of Information

URGENT

Appointment Details

Patient: Thomas Flores * 1944-07-03
Appointment Date: Apr 16, 2025
Amount: \$150

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.

Submit by fax at 5512614566 or email to testclaimspractice@navierre.com

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