## 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

# Proof of Payment Request

## INSURANCE CLAIM TEST

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