

Medical Record Request



INSURANCE CLAIM TEST

Synergy Health
Advisors, West
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USA
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testclaimspractice@navi.re.com

<https://web-stage-nave.re.us.dio/profle>

Date: Jan 29, 2026

Time: 08:07 am

Attn: **James Arnold**

Address: PO BOX 1804, WINCHESTER, VA
22604

Phone: -
Fax: ((54)-0) -6673893

Re: **Donald Kidwell**

REQUESTING MEDICAL RECORDS FROM YOU

URGENT

Release of Information

Appointment Details

Patient: Donald Kidwell *

Appointment Date: Jun 19, 2025

Amount: \$2742.72

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

743758



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