

Medical Record Request



INSURANCE CLAIM TEST

Synergy Health
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USA

testclaimspractice@naviire.com

155555555555

<https://web-stage-noviire.sdb.io/profile>

Date: Jan 15, 2026

Time: 07:50 am

Attn: **Shayna Purcell**

Address: 500 FOOTHILL DR, SALT LAKE CITY,
UT 84148

Phone: -
Fax: ((80)-1) -5820385

Re: **April Kaiser**

REQUESTING MEDICAL RECORDS FROM YOU

URGENT

Release of Information

Appointment Details

Patient: April Kaiser * 1963-09-24

Appointment Date: Aug 29, 2025

Amount: \$100

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 www.noviire.com/records and
enter code below to submit

619688

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