

## Medical Record Request



## INSURANCE CLAIM TEST

Synergy Health  
Advisors, West  
Grand Avenue,  
Montvale, NJ,  
USA

15555555555

testclaimspractice@navierre.com



https://web-stage-  
navierre.osd.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

Release of Information

**URGENT**

## 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.navierre.com/records](https://www.navierre.com/records) and  
enter code below to submit

**619688**

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