

## Medical Record Request



## INSURANCE CLAIM TEST

Synergy Health  
Advisors, West  
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USA

testclaimspractice@navierre.com

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[https://web-stage-  
navierre.osdb.io/profile](https://web-stage-navierre.osdb.io/profile)

Date: Jan 07, 2026

Time: 01:31 pm

Attn: **Fern Baker**  
Address: 311 S MYRTLE ST, WARREN, AR  
71671

Phone: -

Re: **Cynthia Camacho**

## REQUESTING MEDICAL RECORDS FROM YOU

**URGENT**

Release of Information

**Appointment Details**

Patient: Cynthia Camacho \* 2007-06-04

Appointment Date: Dec 06, 2025

Amount: \$75

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)

Submit by fax at [fax@email.com](mailto:fax@email.com) or email to [testclaimspractice@navierre.com](mailto:testclaimspractice@navierre.com)

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