

## Medical Record Request



## INSURANCE CLAIM TEST

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

Date: Jan 20, 2026

Time: 03:03 am

Attn: **Charlotte Barnhart**  
Address: Po Box 7527, Dublin, OH 43017

Phone: -  
Fax: (614)-544-6370

Re: **Michael Elliott**

## REQUESTING MEDICAL RECORDS FROM YOU

**URGENT**

Release of Information

**Appointment Details**

Patient: Michael Elliott 1967-10-14

Appointment Date: Dec 06, 2025

Amount: \$35

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/SkSKw6rp> or  
scan the QR code and enter code below to submit.

**281952**



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