

Medical Record Request



INSURANCE CLAIM TEST

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USA
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testclaimspractice@naviire.com

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

Date: Jan 08, 2026

Time: 07:36 am

Attn: **Heather Abernethy**

Address: 7974 UW HEALTH CT, MIDDLETON,
WI 53562

Phone: -
Fax: ((60)-8) -2626247

Re: **Benjamin Kelley**

REQUESTING MEDICAL RECORDS FROM YOU

URGENT

Release of Information

Appointment Details

Patient: Benjamin Kelley * 1948-07-18

Appointment Date: Dec 31, 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)

Submit by fax at fax@email.com or email to testclaimspractice@naviire.com

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