

Medical Record Request



INSURANCE CLAIM TEST

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USA
15555555555

testclaimspractice@naviire.com

<https://web-stage-noviire.firebaseioapp.com/profile>

Date: Jan 07, 2026

Time: 11:59 am

Attn: **Lurline Aslanian**

Address: PO BOX 18554, SARASOTA, FL 34276

Phone: -

Fax: ((941)-1) -3660223

Re: **Johnathan Hall**

REQUESTING MEDICAL RECORDS FROM YOU

URGENT

Release of Information

Appointment Details

Patient: Johnathan Hall * 1966-02-17

Appointment Date: Dec 02, 2025

Amount: \$150

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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