INSURANCE CLAIM TEST

Synergy Health Advisors, West Grand Avenue, Montvale, NJ, USA
Phone: 15555555555

FAX COVER SHEET

FAX NUMBER
(586)-275-0735

SUBMISSION CODE
537302

FAX RETURN NUMBER
(551)-261-4566

PATIENT REFERENCE IDENTIFIER
resp-id-jKM6yaMqPknY

PROVIDER NAME
Danielle Purgar

DATE OF REQUEST
Feb 19, 2026

CLAIM NUMBER
10004

Proof of Payment Request

INSURANCE CLAIM TEST

Synergy Health Advisors, West Grand Avenue, Montvale, NJ, USA
testclaimspractice@navierre.com
15555555555
https://web-stage-navierre.osdb.io/profile

Date: Feb 19, 2026 Time: 04:27 am Response identifier: resp-id-jKM6yaMqPknY

Attn: **Danielle Purgar**
Address: 1824 HICKORY BARK LN, BLOOMFIELD HILLS, MI 48304
Phone: -
Fax: (586)-275-0735

Re: **Jane Martin**

REQUESTING PROOF OF PAYMENT FROM YOU

Release of Information

URGENT

Appointment Details

Patient: Jane Martin * 1950-08-10

Appointment Date: Jan 16, 2018

Amount: $100

We are requesting proof of payment related to the above appointment in order to complete and process an insurance claim on behalf of the patient.

Submit by fax at 5512614566 or email to testclaimspractice@navierre.com