

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

15555555555

testclaimspractice@navierre.com



[https://web-stage-
navierre.com/dbio/profile](https://web-stage-navierre.com/dbio/profile)

Date: Feb 19, 2026

Time: 04:27 am

Response identifier: resp-id-jKM6yaMqPknY

Attn:

Danielle PurgarAddress: 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

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