

## Medical Record Request



## INSURANCE CLAIM TEST

Synergy Health  
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Montvale, NJ,  
USA  
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testclaimspractice@naviire.com

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

Date: Jan 05, 2026

Time: 03:29 am

Attn: **Jonathan White**  
Address: PO BOX 681789, FRANKLIN, TN  
37068

Phone: -  
Fax: (931)-962-2520

Re: **Priscilla Hall**

**REQUESTING MEDICAL RECORDS FROM YOU**  
Release of Information

**URGENT**

**Appointment Details**

Patient: Priscilla Hall \* 1947-08-07

Appointment Date: Aug 12, 2025

Amount: \$120

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](mailto:fax@email.com) or email to [testclaimspractice@naviire.com](mailto:testclaimspractice@naviire.com)

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