

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits, and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions, and charges, please call the telephone number on your identification card.

Return appointment: _____ days _____ weeks _____ months

CHECK-IN RECEIPT

MRN: 110007897964 Name: ANDERSON, TIFFANY K

Visit Coverage: KFHP 1000

Appt Date/Time: 7/13/12 10:50 AM
Appt With: LAB TECH - STK

Dept: STKLAB

Check-In Date/Time: 07/13/12 10:47 AM

Amount Due: \$ 0.00
Amount Paid: \$ 0.00

Source:

Ref:

Encounter: 32015576363

Acct: 32070238

Receipt:

Visit your doctor's home page at kp.org/mydoctor to view your Preventive Service reminders, check lab results, request refills, use online tools.

PERSONAL PHYSICIAN(S)

GENERAL: JASTI, HYMAVATHY (M.*OB/GYN PHYSI: OGUNJIMI, ESTHER OLUWAKEM
OB/GYN OTHER: WALKER, KATHRYN GAIL (N.P.)

FUTURE APPOINTMENTS

Date	Time	Provider	Loc/Dept
07/16/2012	8:30 AM	THOMAS, KONRAD BOYD (M.D.	STKA/STKOBG
07/25/2012	11:15 AM	OGUNJIMI, ESTHER OLUWAKEM	STKA/STKOBG

PREVENTIVE SERVICES

	LAST	DUE
DUE ADULT TDAP		8/22/81
DUE MAMMOGRAPHY		8/22/10
DUE CERVICAL SCREEN	9/26/08	9/26/11
Current INFLUENZA VACCINE		10/01/12
Current CHOLESTEROL SCREEN	10/17/10	10/17/15
Current PNEUMO VACCINE		8/22/35
Current COLON CANCER SCREENING		
Current BONE DENSITY SCREEN		NA

500

At the bottom of this page are reminders for some preventive services based on Kaiser Permanente's electronic records. If you have on-going health problems or are at high risk for certain diseases, you may need frequent preventive services and should consult your physician. If an appointment is necessary, please schedule it.

