



KAISER PERMANENTE

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.

MRN: 110007897964

Name: ANDERSON, TIFFANY K

Visit Coverage: KFHP 1000

Appt Date/Time: 7/21/09 2:50 PM

Appt With: PHAN, ALEX HUANPHONG D. (M.D.)

Dept: STKMED

Check-In Date/Time: 07/21/09 2:43 PM

Amount Due: \$ 15.00

Amount Paid: \$ 15.00

Source: Credit Card

Ref:

Encounter: 3207962889

Acct: 32070238

Receipt: 5220757

PERSONAL PHYSICIAN(S)

GENERAL: JASTI, HYMAVATHY (M.*OB/GYN PHYSI: LEONG, THOMAS SINPO-CHIN
OB/GYN OTHER: GRISMORE, LYNN SOARES (N.F.)

FUTURE APPOINTMENTS

Date	Time	Provider	Loc/Dept
07/23/2009	2:00 PM	FLOSSIC, PAMELA B (R.N.)	STKA/STKMED
07/24/2009	9:30 AM	FOSTER-WELLS, MONICA L. *	STKA/STKMED
07/24/2009	5:00 PM	PHAN, ALEX HUANPHONG D. *	STKA/STKMED
07/27/2009	9:00 AM	MESSERSMITH, KAREN P. (P*	STKA/STKMED

PREVENTIVE SERVICES	LAST	DUE
Current CRC FOBT/FIT		NA
Current CRC FSIG/BE		NA
Current CRC COLONOSCOPY		NA
DUE ADULT TDAF		8/22/81
Current CERVICAL SCREEN	9/26/08	9/26/11
Current CHOLESTEROL SCREEN	9/15/08	9/15/13
Current PNEUMO VACCINE		8/22/35
Current INFLUENZA VACCINE		NA
Current MAMMOGRAPHY		NA

Return appointment: _____ days _____ weeks _____ months

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.