

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.

CHECK-IN RECEIPT

In keeping with our social mission and our responsibility to the communities we serve, Kalser

MRN: 1100078979640000 o Name: ANDERSON, TIFFANY, Kushino yielisy s stello etnensime?

to pay your cost share, or if you do not have health insurance, we could be pay your cost share, or if you do not have health insurance, we could be pay your cost share.

Appt Date/Time: 9/12/11

pur Medical Financial Assistance (MFA) and/or Discount Paymen 12:05 PM

Appt With: BUCKERFIELD, CHARLES THOMAS (M.D.)

Dept: STKORM

Check-In Date/Time: 09/12/11 12:01 PM

If your heysehold family income is tess than or equal to 400% of the Fed ool, 21/2 ly soud. FruomA

Amount (Paid: \$815.00 thi doidy Sounce: Credit Card All Israef: 140 tol eldigile od van

Program for Medicare Part D, or our Discount Payment Program. Federal Poverty information may be Encounten: 32013364398 | | Acct: 32070238 | | | Henry Receipt: 9531382

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.)

PREVENTIVE REVENTIVE SERVICES

DUE DIS SERVICES

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Current

CERVICAL SCREEN

9/26/08

9/26/11 10/01/11

Current

INFLUENZA VACCINE CHOLESTEROL SCREEN

asioil10/17/10

10/17/15

Current

PNEUMO VACCINE

8/22/35

Current COLON CANCER SCREENING

For questions or information on our Medical Financia please contact the Medical Financial Assistance Central Unit at 1-866-349-7696. Monday through Friday, 8 a.m. to 5 p.m.

Return appointment: \_

days\_

weeks.

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.