



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.



CHECK-IN RECEIPT

MRN: 110007897964

Name: ANDERSON, TIFFANY K

Visit Coverage: KFHP 1000

Appt Date/Time: 9/15/09 12:00 PM

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

Dept: STKMED

Check-In Date/Time: 09/15/09 12:01 PM

Amount Due: \$ 15.00

Amount Paid: \$ 15.00

Source: Credit Card

Ref:

Encounter: 3208348647

Acct: 32070238

Receipt: 5472139

PERSONAL PHYSICIAN(S)

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

| 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.