

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: 11/21/11 10:50 AM

Appt With: CANIO, ENELYN BAUTISTA (M.D.)

Dept: STKMED

Check-In Date/Time: 11/21/11 10:52 AM

Amount Due: \$ 15.00

Amount Paid: \$ 15.00

Source: Credit Card

Ref:

Receipt: 8823777

Encounter: 32013871237

Acct: 32070238

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

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.

Kaiser Permanente
KP STOCKTON
Transaction Res

7373 WEST LANE
STOCKTON, CA 95206
Phone # 209-476-1111

Merch ID: 445020906860

Status: approved

Trans ID: 027-00339907

Transaction Details

Date: 11-21-2011 10:28 AM

Action: sale

Amount: \$15.00

Card Type: Mastercard

Account: xxxxxxxx-874

Name: ANDERSON/T

Approval: R1314Z

X

Customer Signature